

# Recreational Water Facility Opening Notification Form

Email your completed form to [PHI.Intake@wdgpublichealth.ca](mailto:PHI.Intake@wdgpublichealth.ca), fax it to 519-823-4905, or mail it to your closest Public Health office:

490 Charles Allan Way  
Fergus, ON N1M 2W3

160 Chancellors Way  
Guelph, ON N1G 0E1

180 Broadway  
Orangeville, ON L9W 1K3

Recreational Water Facility Opening Date: \_\_\_\_\_

Facility Information						
Facility Name:						
Address:			City:		Postal Code:	
Telephone # at the facility:				Email:		
Facility Hours of Operation:						
Facility Type:						
Class A	Class B	Spa	Wading Pool	Splash Pad	Hot Water Pool	Cold Plunge Pool
Floatation Pool	Floatation Tank	Wave Action Pool	Waterslide	Receiving Basin		
If Wading Pool Selected:      Supervised      Unsupervised						
If unsupervised:						
Please confirm the wading pool is less than 15cm, the required signage will be posted AND you will submit your safety plan to Public Health with this document <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is the facility <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor						
If outdoor, tentative date facility will open for season:						
Maximum bather load: _____			Water meter available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the facility supervised and are lifeguard certificate(s) available?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the pool have skimmers with equalizer fitting and are they rendered inoperable?					<input type="checkbox"/> Yes <input type="checkbox"/> No      N/A	
Do you require a Pool Operator's Manual?			Yes		No	
Do you require a Spa Operator's Manual?			Yes		No	
Owner / Operator Information						
Registered owner of the premises:						
Address:			City:		Postal Code:	
Name of designated facility operator:						
Operator's phone number:						