Recreational Water Facility Opening/Re-Opening Notification Form

As required by section 5(3) and/or 26.1(1) of O. Reg. 565/90, I wish to notify a public health inspector of my intention to open/re-open this recreational water facility.

Facility Information

Facility/Building Name:

Facility/Building Address:

City: Postal Code:

Mailing Address of Facility (if different from above):

City: Postal Code:

Type of Facility (check all that apply):
- Indoor
- Outdoor
- Class A Pool
- Class B Pool
- Spa
- Wading Pool
- Spray/Splash Pad
- Receiving Basin
- Other (please specify):

Proposed Opening Date:

Facility Hours:

Reason for Opening (new facility, seasonal facility, renovation/alteration):

Contact for Inspection

First Name: Last Name:

Telephone & Ext.: Fax:

Alternate number:

E-mail:

Owner or Operator Signature: ________________________ Date: ________________________

Please complete in full and return (fax, mail, or in person) to:

Halton Region Health Department
Healthy Environments & Communicable Disease
1151 Bronte Rd.
Oakville ON L6M 3L1
Fax: (905) 825-8797

This completed and signed form must be received at least two weeks in advance of opening. A Public Health Inspector will contact you upon receipt to discuss and to arrange for an inspection.