

Public Pool Re-Opening Form

Please complete this form and either fax to: **519-482-9014** or email to: inspections@hpph.ca

For use by pool owners/operators whose pools have been closed for more than 4 weeks.

Name of Pool:

Address:

Telephone No. at Pool:

Owner:

Telephone No.:

Designated Operator:

Contact Number:

Proposed Date of Opening:

Note: Please provide us with three week-day options. We will do our best to accommodate your request.

Date 1:

Date 2:

Date 3:

Signature:

Date

The personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, Ch. H.7. It will be used for ownership identification, service delivery and enforcements of regulations made under this Act. For more information, contact the Director of Health Protection at 1-888-221-2133 ext 2288.

06.2023

Office Use Only:

For All Pools:

Indoor/Outdoor Pool: Indoor Outdoor

Class of Pool: Class A Class B

Public Pool Information

Public Pool Dimensions

Length (metres):

Width (metres):

Depth 1 (metres):

Depth 2 (metres):

Depth 3 (metres):

Depth 4 (metres):

Surface Area

Surface Area (metres squared):

Volume

Pool Volume (litres):

Maximum Bather Load (not a wave action pool)

Surface Area of Deep Area (depth greater than 1.35 m):

Surface Area of Shallow Area (depth less than 1.35 m):

Maximum Bather Load*:

**maximum bather load = $D/2.5 + S/1.4$*

D = the area in square metres of the part of the pool that is deeper than 1.35 metres; and

S = the area in square metres of the part of the pool that is 1.35 metres in depth or shallower

Flow Rate (litres per minute)

Flow Rate (LPM):

Turn Over Rate

Turn Over Rate:

Class A pool constructed after April 30, 1974 – volume of water not less than 4 times the total capacity of the pool.

Class A pool constructed before May 1, 1974 and Class B pool – volume of water not less than 3 times the total capacity of the pool.

Air Gap or Backflow

Air gap or other backflow device used to separate pool water and circulation system from potable water supply: **YES** **NO**

Air gap or other backflow device used to separate pool water and circulation system from sewer or drainage systems: **YES** **NO**

Owner/Operator Declaration

I, _____ certify that the solid black disc, affixed to the deepest point on the
(Owner/Operator)

bottom of the _____ is _____ inches (_____ mm) in diameter and that
(Name of Premise)

the white background surrounding the black disc is not less than 6 inches (150 mm) wide at its narrowest point.

Buoy Line in Class B Pools

Slope %:

If the slope is greater than eight per cent, I _____ certify that buoy line
(Owner/Operator)

is in place during operation.