

Form: Public Pool Re-Opening

Public pool information

For use for pools that have been closed for more than four weeks

All sections of form required

1

Name of pool _____ Phone _____

Address (911) _____

City or town _____ Postal code _____

Owner name _____ Phone _____

Operator name _____ Phone _____

Proposed date of opening (mm/dd/yyyy) _____

Proposed date of closing (mm/dd/yyyy) _____

Please provide three weekday options for an opening inspection. We will do our best to accomodate.

Date one (mm/dd/yyyy) _____

Date two (mm/dd/yyyy) _____

Date three (mm/dd/yyyy) _____

Pool specifications

2

Dimensions (metres)

Length _____ Width _____

Depth one _____ Depth two _____

Depth three _____ Depth four _____

Surface area (metres squared) _____ **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) _____ **Turn over rate** _____

Class A pool constructed after April 30, 1974 – volume of water not less than four 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 three 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: Y N

Air gap or other backflow device used to separate pool water and circulation system from sewer or drainage systems: Y N

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Pool specifications

2

Owner/operator declaration

I certify that the solid black disc, affixed to the deepest point on the pool bottom is: _____ mm (_____ inches) in diameter and that the white background surrounding the black disc is not less than 150 mm (6 inches) wide at its narrowest point.

Buoy line in class B pools

Slope per cent _____

If the slope is greater than eight per cent, **I certify** that buoy line is in place during operation.

Owner/operator sign off

3

Owner/operator signature



Date (mm/dd/yyyy) _____

Personal information

4

The personal information on this form is collected under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H. 7. It will be used for ownership identification and enforcement of the Act and its applicable Regulations.

Health unit use only

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Pool type: Indoor Outdoor Pool class: Class A Class B