

New or Renovated Public Pool Data Sheet	
☐ New Facility ☐ Renovation/ Alteration	
Proposed Date of Operation:	
Name of Pool:	
Address:	
Legal name:	
Building permit number:	
Name of designer:	
Designer contact info (i.e. phone number & email)	
Type of facility: (Check all that apply)	☐ Recreational Centre ☐ Hotel/ Motel/ Resort ☐ Campground ☐ Recreational Camp ☐ Public Park ☐ Condominium/ Apartment ☐ Other:
Pool location:	☐ Indoor ☐ Outdoor
Class:	☐ A ☐ B
If Class B:	☐ Buoy Line in Place (required when slope of pool is greater than 8%)
Chemical disinfection agent:	☐ Chlorine – calcium hypochlorite ☐ Salt exchange system ☐ Ozone ☐ Chlorine – lithium hypochlorite ☐ Chlorine – gas ☐ Bromine ☐ Chlorine – sodium hypochlorite ☐ Other:
Filter media:	☐ Sand ☐ Cartridge ☐ Diatomaceous Earth ☐ Other:
Max Water Temp (°C):	☐ ≤15°C ☐ >15°C to <35°C ☐ 35°C to 40°C
Slope of Pool floor (%):	
Flow rate (GPM):	
Turnover rate:	
Source of water:	☐ Well ☐ Municipal ☐ Surface Water (lake water)
If it is well or surface water, is it treated:	☐ Yes ☐ No
Surface area of Pool (m²):	
Volume of water (L):	
Maximum bather load:	

Additional Questions:	
Black disc 150 millimeters in diameter on a white background that's affixed to the bottom of the pool at the deepest point	☐ Yes ☐ No
Main drains are equipped with anti-entrapment covers and anti-suction covers	☐ Yes ☐ No
Automatic sensing device that measures sanitizer residual and pH value	☐ Yes ☐ No
Colour of submerged surfaces white or light in colour (Except for markings for safety or competition purposes) Munsell Colour value 6.5 or greater	☐ Yes ☐ No
Circulation system is separate from potable water supply or drainage system	☐ Yes ☐ No
Emergency phone installed (Class A pool directly connected to services/ Class B Pool accessible no further than 30 meters away).	☐ Yes ☐ No
Tamper-proof upper limit cut off switch installed and operational (If pool temperature is above 35 °C / 95 ° F or greater)	☐ Yes ☐ No
A clock is installed in a conspicuous location (if applicable)	☐ Yes ☐ No
The steps are equipped with a handrail, feature non-slip surfaces, and include a band of contrasting color for enhanced visibility and safety	☐ Yes ☐ No
Written emergency and operational procedures and instructions available at the pool	☐ Yes ☐ No
All the preparations necessary to operate the pool in accordance with Ontario Regulation 565 Public Pools (Ontario Regulation 565 Public Pools can be found here)	☐ Yes ☐ No
All the preparation necessary to operate the pool in accordance with Ontario Building Code <i>*Provide proof of building department approval</i>	☐ Yes ☐ No

Please contact a Public Health Inspector to discuss the legal requirements, review plans and/or conduct a pre-operational assessment, prior to opening and formal inspections being performed.

Date of Notification

Signature of Owner/

Operator:

Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment and reporting purposes. Your information may be shared within the Health Unit as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.lakelandsph.ca or contact the Medical Officer of Health 185 King Street, Peterborough, Ontario, K9J 2R8 or 1-844-575-4567.

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