Lakelands Public Health

1-844-575-4567 | info@lakelandsph.ca | lakelandsph.ca

PUBLIC POOLS NOTIFICATION FORM

O. Reg. 565/18: PUBLIC POOLS under Health Protection and Promotion Act, R.S.O. 1990, c. H.7.

(1) At least 14 days before a public pool or public spa is put into use after construction or alteration, the owner or the owner's agent shall notify, in writing, the medical officer of health or a public health inspector for the health unit.

(2) A person who proposes to open or re-open a pool or spa for use as a public pool or public spa after construction or alteration shall not open or re-open the pool or spa without first obtaining permission in writing from the medical officer of health or a public health inspector for the health unit where the pool or spa is situate.

(3) At least 14 days before the re-opening of a public pool or public spa after any closure that lasts for more than four weeks, the owner or operator shall notify in writing the medical officer of health or a public health inspector for the health unit.

Documentation must be provided to the health unit a minimum of 14 days prior to proposed opening

THIS NOTIFICATION FORM IS TO NOTIFY LAKELANDS PUBLIC HEALTH OF:	
☐ New Facility ☐ Re-opening ☐ Renovation/ Alteration	
Proposed Date of Operation:	
Type of Facility: *(Check all that apply)*	☐ Recreational Centre ☐ Hotel/ Motel ☐ Campground ☐ Spa ☐ Recreational Camp ☐ Public Park ☐ Condominium/ Apartment
Pool Location:	☐ Indoor ☐ Outdoor
Cyanuric acid used:	☐ Yes ☐ No
Automatic sensing device	☐ Yes ☐ No * Automatic sensing device that measures pH and sanitizer
Class:	☐ A ☐ B ☐ C ☐ Public Spa (*Whirlpool/Hot Tub)*
Max Water Temp (°C):	☐ <=15°C ☐ >15°C to <35°C ☐ 35°C to 40°C ☐ <37°C (For Floatation Tank only)
If Class C:	☐ Wading Pool ☐ Water Slide Receiving Basin ☐ Floatation Tank ☐ Recirculating Splash Pad/ Spray Pad ☐ Non-recirculating Splash Pad/ Spray Pad
If Class B:	☐ Buoy Line in Place *(required when slope of pool is greater than 8%)*

PREMISE INFORMATION		
Name of Pool:		
Legal Name:		
Business License No.:		
Pool Address: Full address, including street number and name, town/city and postal code.		
Mailing Address: ☐ Check box if same as site address		
Phone Number:		Fax Number:
Email:		Website:

OWNER INFORMATION			
Name:			
Home/Business Address:			
Phone Number:		Email:	
Are you a trained or certified pool operator?	☐ Yes ☐ No		

OPERATOR INFORMATION ☐ Check if same as Owner Information			
Name:			
Home/Business Address:			
Phone Number:		Email:	
Are you a trained or certified pool operator?	☐ Yes ☐ No		

OPERATION INFORMATION	
☐ Open Year Round	☐ Open Seasonally—List months:

Select all days of the week the premises is open and list hours of operation:

Day	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
Open Hours							

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.

Legislation that may apply to your premise may include:

Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (ontario.ca)

R.R.O. 1990, Reg. 565: PUBLIC POOLS (ontario.ca)

Local Municipality for Building/structural items and by-laws (garbage areas, zoning, business license, etc)

Useful Resources:

Recreational Water Reference Document, 2025 (gov.on.ca)

Recreational Water Protocol, 2019 (gov.on.ca)

Guidance for Exempt Public Spas (gov.on.ca)

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 Health185 King Street, Peterborough, Ontario, K9J 2R8 or 1-844-575-4567.

Date of Notification _____

Signature of Owner/ Operator: _____