

New or Renovated Public Spa Data Sheet	
☐ New Facility ☐ Renovation/ Alteration	
Proposed Date of Operation:	
Name of Spa:	
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:
Spa location:	☐ Indoor ☐ Outdoor
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:
Flow rate (GPM):	
Turnover rate:	
Source of water:	☐ Ground water (Well) ☐ Municipal ☐ Surface Water (lake water)
If it is well or surface water, is it treated:	☐ Yes ☐ No
Surface area of Spa (m ²):	
Volume of water (L):	
Maximum bather load:	

Additional Questions:	
Main drain is equipped with anti-entrapment and anti-suction covers	☐ Yes ☐ No
Automatic sensing device that measures sanitizer residual and pH value	☐ Yes ☐ No
Emergency phone installed	☐ Yes ☐ No
Make up meter installed and operational (spa water volume greater than 4,000 liters)	☐ Yes ☐ No
Tamper-proof upper limit cut off switch installed and operational	☐ Yes ☐ No
Emergency stop button installed and operational	☐ Yes ☐ No
15-minute timing device installed and operational	☐ Yes ☐ No
A clock is installed in a conspicuous location	☐ 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
Vacuum release system installed and operational	☐ Yes ☐ No
Circulation system is separate from potable water supply or drainage system	☐ Yes ☐ No
Written emergency and operational procedures and instructions available at the spa:	☐ Yes ☐ No
All the preparations necessary to operate the spa 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 spa 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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191 Highland Street, Unit 301
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Lindsay
108 Angeline Street South
Lindsay, ON K9V 3L5

Peterborough
Jackson Square
185 King Street, Box 301
Peterborough, ON K9J 2R8

Port Hope
200 Rose Glen Road
Port Hope, ON L1A 3V6