



Health Protection

APPLICATION FOR RECREATIONAL WATER FACILITY

COMPLETE ONE APPLICATION IN FULL FOR **EACH POOL** IN YOUR FACILITY

The personal information collected relates directly to and is necessary for program operation per Section 26 of the Freedom of Information and Protection of Privacy Act. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information, contact the Vancouver Island Health Authority Information & Privacy Office at (250) 370-8043.

PLEASE PRINT WHERE POSSIBLE

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|--|---|-------------|-----------------|---|--|---------------|----------------------------|------------|-----------------------------|-------------|-----------------------|-------------------|-----------------------|-----------|
| STATUS | NEW <input type="checkbox"/> New Facility <input type="checkbox"/> New Location <input type="checkbox"/> New Ownership AMENDMENT <input type="checkbox"/> Change to Facility | | | | | | | | | | | | | |
| RECREATIONAL WATER FACILITY | FACILITY NAME _____ FACILITY LOCATION ADDRESS _____ CITY _____ POSTAL CODE _____ TELEPHONE _____ FAX _____ EMAIL _____ SEND INVOICE TO <input type="checkbox"/> SAME AS FACILITY OR: _____ | | | | | | | | | | | | | |
| FACILITY'S REGISTERED OWNER(S) OR LEASEE(S) | REGISTERED OWNER/LEASEE NAME _____ <input type="checkbox"/> SOCIETY MAILING ADDRESS _____ <input type="checkbox"/> SOLE PROPRIETOR CITY _____ PROV _____ POSTAL CODE _____ <input type="checkbox"/> PARTNERSHIP TELEPHONE _____ FAX _____ EMAIL _____ <input type="checkbox"/> INCORPORATED ALTERNATE PHONE _____ | | | | | | | | | | | | | |
| FACILITY MANAGER / CONTACT | CONTACT NAME _____ POSITION _____ ADDRESS _____ POSTAL CODE _____ TELEPHONE _____ FAX _____ EMAIL _____ | | | | | | | | | | | | | |
| BUILDING INFORMATION | BUILDING NAME (IF DIFFERENT FROM FACILITY) _____ ADDRESS _____ CITY _____ POSTAL CODE _____ | | | | | | | | | | | | | |
| OWNER OF BUILDING OR COMPLEX | REGISTERED NAME _____ <input type="checkbox"/> SOCIETY MAILING ADDRESS _____ <input type="checkbox"/> SOLE PROPRIETOR CITY _____ PROV _____ POSTAL CODE _____ <input type="checkbox"/> PARTNERSHIP CONTACT/AGENT NAME _____ POSITION _____ <input type="checkbox"/> INCORPORATED TELEPHONE _____ FAX _____ EMAIL _____ | | | | | | | | | | | | | |
| FACILITY SERVICING | WATER SOURCE <input type="checkbox"/> COMMUNITY SYSTEM NAME _____ <input type="checkbox"/> WELL SEWAGE DISPOSAL <input type="checkbox"/> SEWER <input type="checkbox"/> ONSITE SEWAGE DISPOSAL | | | | | | | | | | | | | |
| OPERATIONAL MONTHS | NUMBER OF MONTHS OPEN OR OPERATING DURING YEAR (INCLUDE PARTIAL MONTHS) _____ WHICH MONTHS _____ <input type="checkbox"/> ALL YEAR | | | | | | | | | | | | | |
| POOL DETAILS (COMPLETE SECTIONS 1, 2 & 3) | 1) DIMENSIONS SURFACE AREA _____ m ² <input type="checkbox"/> POOL ≥ 19 m ² <input type="checkbox"/> POOL < 19 m ² MAX. DEPTH _____ m <input type="checkbox"/> POOL < 61 cm DEEP <input type="checkbox"/> POOL ≥ 61 cm DEEP | | | 2) POOL TYPE <input type="checkbox"/> PUBLIC <input type="checkbox"/> WADING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SPRAY <input type="checkbox"/> HOT TUB | 3) ADDITIONAL FEATURES OF POOL <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> WATER SLIDE <input type="checkbox"/> MOTION POOL <input type="checkbox"/> OTHER _____ | | | | | | | | | |
| ADDITIONAL SYSTEM INFORMATION | FILTRATION TYPE <input type="checkbox"/> SAND <input type="checkbox"/> DIATOMACEOUS EARTH (D.E.) <input type="checkbox"/> OTHER _____ DISINFECTION TYPE <input type="checkbox"/> CHLORINE <input type="checkbox"/> BROMINE <input type="checkbox"/> OZONE <input type="checkbox"/> UV <input type="checkbox"/> OTHER _____ DOES YOUR FACILITY USE GASEOUS CHLORINE? <input type="checkbox"/> YES <input type="checkbox"/> NO DOES THE POOL OPERATOR HAVE APPROPRIATE TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS A POOL SAFETY PLAN BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS A CONSTRUCTION PERMIT APPLICATION BEEN SUBMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | |
| VERIFICATION | APPLICANT SIGNATURE _____ DATE _____ DD / MMM / YYYY <small>I hereby certify that the information set out by me in this application is true and correct to the best of my knowledge and belief. I acknowledge that it is an offence to supply false or inaccurate information on this application.</small> PRINT NAME _____ POSITION _____ PROPOSED OPENING DATE _____ PHONE _____ ADDRESS _____ | | | | | | | | | | | | | |
| FOR OFFICIAL USE ONLY | | DATE | INITIALS | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">APPLICATION PACKAGE REC'D</td> <td style="width:50%;">FACILITY TYPE</td> </tr> <tr> <td>CONSTRUCTION PERMIT ISSUED</td> <td>FACILITY #</td> </tr> <tr> <td>FACILITY APPROVED BY E.H.O.</td> <td>AMOUNT PAID</td> </tr> <tr> <td>POSTED TO HEALTHSPACE</td> <td>METHOD OF PAYMENT</td> </tr> <tr> <td>OPERATING PERMIT SENT</td> <td>RECEIPT #</td> </tr> </table> | APPLICATION PACKAGE REC'D | FACILITY TYPE | CONSTRUCTION PERMIT ISSUED | FACILITY # | FACILITY APPROVED BY E.H.O. | AMOUNT PAID | POSTED TO HEALTHSPACE | METHOD OF PAYMENT | OPERATING PERMIT SENT | RECEIPT # |
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