

Simcoe Muskoka District Health Unit

Environmental Health Department
 15 Sperling Drive
 Barrie, ON L4M 6K9
 Telephone: 705-721-7520 Fax: 705-721-1495

NOTICE OF RECREATIONAL CAMP OPENING

Instruction: Submit this form at least 14 days before your camp opens by email to healthyenvironments@smdhu.org

PLEASE TYPE OR PRINT ALL ENTRIES

Camp Name:				
<input type="radio"/> New Camp <input type="radio"/> Existing Camp <input type="radio"/> Same location as last year <input type="radio"/> New location from last year				
CAMP PHYSICAL DESCRIPTION				
Municipality:		Township:		Lot No.:
Concession:				
Camp Mailing Address:				
City/Town:		Province:		Postal Code:
Camp Phone Number:		Camp Fax Number:		
Camp Email:		Camp Website:		
Camp Owner's Name:			Owner's Email:	
Owner's Permanent Address:				
City/Town:		Province:		Postal Code:
Owner's Phone Number:		Owner's Fax Number:		
DURATION OF RESPONSIBILITY				
Designated Camp Director/Operator (at camp during season)				
Full Name	Phone Number	Email	From (yyyy.mm.dd)	To (yyyy.mm.dd)
Duration of Camping Season:		Start Date (yyyy.mm.dd):		End Date (yyyy.mm.dd):
Accommodation: <input type="radio"/> Cabins <input type="radio"/> Tents <input type="radio"/> Other		<input type="radio"/> Permanent <input type="radio"/> Permanent <input type="radio"/> Permanent		<input type="radio"/> Temporary <input type="radio"/> Temporary <input type="radio"/> Temporary Specify:

DRINKING WATER

Water Works # (required for all camps not on municipal water):

Source
 Municipal
 Ground Water – Dug Well
 Ground Water – Drilled Well

 Surface Water – Lake
 Surface Water – Stream/River
 Surface Water – Spring
 Other Source (describe):**Treatment (check all that apply)**
 Filtration
 Chlorination
 Ultraviolet Light
 Other (specify):
Sample Frequency
 Weekly
 Bi-weekly
 Monthly
 Other (specify):
 Attach a copy of satisfactory water sample result(s) taken at least **7 days prior to opening** Attach a copy of the Camp Safety Plan – must be received by the Public Health Inspector **prior to opening****FOOD SAFETY****Number of Current Certified Food Handlers** (must provide the Public Health Inspector a copy of the certificate at time of inspection):**PETS / ANIMALS**Pets/Animals On-site: Yes NoCurrent Rabies Vaccination: Yes No

Vaccination Date (yyyy.mm.dd):

Pets must have current vaccination at least 30 days before arrival at camp.

MEDICAL STAFF**Physicians (must be available)** In Residence On-call Nearest Hospital:

Name:

Address:

City/Town:

Prov.:

Postal Code:

Phone Number:

Registered Nurse(s)

Name(s):

Contact Information:

First Aid Provider (person with current First Aid Certificate – must be 18 years or older)

Name(s):

Contact Information:

* Qualifications (please attach a copy to the form)

WATERFRONTIs there a waterfront area or pool used for organized or unorganized aquatic activities: Yes NoIf yes, please specify: Waterfront Pool / Spa / Splashpad**If yes, the following information is required:****Waterfront Director (required)**

Name:

Phone Number:

Email:

* Qualifications (please attach a copy to the form)

Aquatic Supervisors – Minimum Age is 15 Years with Current Lifeguard Certificate (not more than 2 years old)

Names (list all):

* **Qualifications (please attach current Lifeguard Certificate, no more than 2 years old, for each aquatic supervisor).****Please attach additional names and information on a separate sheet.**