



PUBLIC SWIMMING POOL AND SPA NOTIFICATION

Public Swimming Pools and Spas are regulated under the South Australian Public Health Act 2011 and the South Australian Public Health (General) Regulations 2013.

NOTIFICATION DETAILS

Please select one of the following:

☐ New Pool/Spa

If so, did you obtain development approval from Council? ☐ Yes ☐ No

☐ Pool/Spa Closure

If you would like to notify us of a permanent pool or spa closure, please contact the Environmental Health team directly on 8405 6940.

☐ Change of ownership/lease

☐ Updating business details

PART 1 BUSINESS INFORMATION

ABN or ACN Number

Registered Business Entity *

Trading or Business Name *

Business Address/Location

Phone Number

Email

What date did/will the pool/spa commence use?

* The Registered Business Entity is the business name as registered under your ABN. The Trading or Business Name is the name normally found on the front of the building that customers know you by.

PART 2 PREMISES TYPE

Tick applicable box/boxes below and insert the number of pools/spas of that type on the premises.

<input type="checkbox"/> Outdoor Pool	Number of Outdoor Pools	_____
<input type="checkbox"/> Indoor Pool (non-hydrotherapy)	Number of Indoor Pools	_____
<input type="checkbox"/> Hydrotherapy Pool	Number of Hydrotherapy Pools	_____
<input type="checkbox"/> Spa	Number of Spas	_____
<input type="checkbox"/> Display Pool/Spa	Number of Display Pools	_____
<input type="checkbox"/> Other Pool/Spa type	What type of pool/spa is it?	_____

If there are multiple pools/spas, are they on the same dosing and filtration system?

☐ Yes ☐ No ☐ N/A

Please provide a short description of what the business offers and what the trading hours are:

PART 3 OTHER POOL/SPA DETAILS

How many litres of water does the pool hold? _____

What method is used to disinfect the water? (Tick all applicable boxes)

<input type="checkbox"/> Chlorine	<input type="checkbox"/> Bromine
<input type="checkbox"/> UV Disinfection	<input type="checkbox"/> Other

If you ticked 'other', what type of disinfection is used?

Does the pool/spa have automatic dosing equipment to control disinfectant in the water?

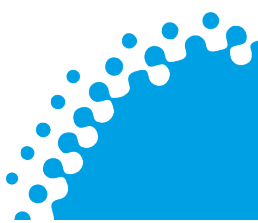
☐ Yes ☐ No

Does the pool/spa have automatic dosing equipment to control the PH of the water?

☐ Yes ☐ No

Is the pool/spa waste water connected to or otherwise emptied in the sewerage system?

☐ Yes ☐ No



PART 4 CONTACT DETAILS

OWNER

Name of Business Owner/Company Director (please specify) _____

Phone Number _____ Email _____

Preferred Language (if other than English) _____

PERSON RESPONSIBLE FOR CARE, CONTROL AND MANAGEMENT OF THE POOL/SPA

Name of Operator/Pool Company/Contractor _____

Phone Number _____ Email _____

DECLARATION

☐ I hereby certify that the included information is accurate.

Name _____ Date _____

Signature _____

Notification forms provided to us with incomplete information will NOT be accepted. If you need assistance to complete this form, please contact the Environmental Health Team on 8405 6940.