PUBLIC SWIMMING POOL AND SPA NOTIFICATION FORM

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

PORT ADELAIDE ENFIELD

NOTIFICATION DETAILS

Please select one of the following:

☐ New pool/spa
For new pools and spas, did you obtain development approval from Council? ☐ Yes ☐ No

☐ Change of ownership/lease – complete sections 1, 4 and 5 (Declaration)

☐ Updating business details – complete any sections relevant to changes to the operations of the pool or spa, and 5 (Declaration)

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

PART 1 – BUSINESS INFORMATION

ABN or ACN number: _____

Registered Business entity* _____

Trading or Business name* _____

Business address or location: _____

Address: _____

Postal Address: _____

Phone number: _____ Email: _____

What date did 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.

☐ Outdoor Pool	Number of Outdoor Pools	
☐ Indoor Pool (non-hydrotherapy)	Number of Indoor Pools	
☐ Hydrotherapy Pool	Number of Hydrotherapy Pools	
☐ Spa	Number of Spas	
☐ Display Pool/Spa	Number of Display Pools	
☐ 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 POOLS/ SPA DETAILS

How many litres of water does the pool hold? _____

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

☐ Chlorine ☐ Bromine ☐ UV Disinfection ☐ Other

If you selected other, what 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

A) OWNER DETAILS

Are you: ☐ Business Owner or ☐ Company Director

Name of Business Owner/Company Director: _____

Phone number: _____ Email: _____

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

Name of Operator/ Pool Company contractor: _____

Phone number: _____ Email: _____

PART 5 – 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.

To return this form – send all documents by email to service@cityofpae.sa.gov.au, by post to PO Box 110 Port Adelaide, SA, 5015, or lodge in person at the Civic Centre, 163 St Vincent Street, Port Adelaide.