

Public Health Act Requirements Referral Form

FACILITY INFORMATION		
FACILITY NAME		BUSINESS TELEPHONE NUMBER
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FACILITY ADDRESS		E-MAIL ADDRESS
STREET CITY	POSTAL CODE	TELEPHONE NUMBER
APPLICANT'S NAME		TELEPHONE NUMBER
		()
APPLICANT'S SIGNATURE		DATE (dd/mmm/yyyy)
SECTION A: To be completed by the Applicant Please check ☑ all that apply: (Community Care Facilities may also be subject to provisions of the Public Health Act and the Drinking Water Protection Act).		
1 Food Propagation		
1. Food Preparation ☐ There will be cooking and food preparation conducted on the premises (Health Permit required)		
There will be cooking and lood preparation conducted on the premises (health Permit required) There will not be any cooking, food preparation or food handling on the premises (prepackage non-potentially hazardous food only,		
for example: convenience snacks)		
2. Drinking Water Supply		
The drinking water supply will come from a private source (for example: well, stream, spring).		
The drinking water will come from a community or shared water supply.		
Name of Water System		
3. Swimming Pool		
☐ There is a swimming pool, wading pool and/or hot tub located on the premises.		
☐ The residents/children will have access (use) of the swimming pool, wading pool and/or hot tub.		
The residents/children will have no access (use) of the swimming pool, wading pool and/or hot tub.		
4. Sewage Disposal		
The facility is connected to a City (community) sanitary sewer system.		
The facility is connecting to a new onsite private sewage disposal system.		
The facility is connected to an existing on-site sewage disposal system.		
5. Personal Service Establishments (PSE)		
☐ There is a PSE in the facility (for example: hairdressing, electrolysis, manicure, pedicure, waxing, etc.) ☐ There will not be a PSE in the facility.		
There will not be a for in the facility.		
SECTION B: To be completed by the Licensing Officer (Reas	on for referral)	
☐ Food Preparation	REFERRED TO ENVIRONMENTAL I	HEALTH OFFICER (PRINT NAME)
Personal Service Establishment		
☐ Private Water System	EXISTING LICENCE CAPACITY	PROPOSED LICENCE CAPACITY
☐ Sewage Disposal System	EXISTING LICENCE CAPACITY	PROPOSED LICENCE CAPACITY
☐ Swimming Pool		
D. Decidential Cone (7)	REFERRED BY LICENSING STAFF	(PRINT NAME)
Residential Care (7 or more) Child Care (9 or more)		
☐ Residential Care (6 or less) ☐ Child Care (8 or less)	TELEPHONE NUMBER	DATE OF REFERRAL (dd/mmm/yyyy)
	TELET HONE NOWIDER	DATE OF REFERENCE (dd/minin/yyyy)
	()	
SECTION C: To be completed by the Environmental Health Officer (Return to Licensing Officer)		
Please provide comments to support the decision		
Decision Prease provide comments to support the decision		
□ N/A		
☐ Approved		
_ '+		
☐ Not Approved		
ENVIRONMENTAL HEALTH OFFICER (PRINT NAME) ENVIRONMENTAL HEAL	TH OFFICER SIGNATURE	DATE (dd/mmm/yyyy)
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