

Public Swimming Pools, Spas & Interactive Water Play Activities Registration Application

Business Details: (the business owner / operator must keep details current with Council)		
Registered Business Name:		
Activity Type:	Permanent Premise	Temporary Activity
Name of Premise/Location:		
Address of Premise/Location:		
Postal Address:		
Phone Number:		Mobile:
Email:		
Owner Name:		Manager Name:
Responsible Pool Operator:		Phone:
Preferred Inspection day/time		
Pool operator training course completed: Yes / No If yes, approximate year		
Please tick all relevant boxes		
Indoor Swimming Pool	Outdoor Swimming Pool	Indoor Spa Interactive Water Play
Outdoor Spa	Heated	Not Heated Food for sale
Pool Litres	Spa	Litres Type:
If food sales please provide South Australian Food Business Notification Number:		
Other (please explain):		
The following are in the South Australian Public Health (General) Regulations 2013		
Disinfected with (please circle):		Chlorine Bromine Section 8 (1) (a)
Working automatic analysis system:		□ Yes □ No Section 8(1) (f) (ii)
Working automatic filtration system:		□ Yes □ No Separate filter for pool and spa □ Yes □ No
Manual checks are conducted regularly:		□ Yes □ No Section 8 (2) (b)
Current Emergency/faecal management documented plan/procedure:		□ Yes □ No (to be available for inspection)
Records of water balance results are kept for a 2 year minimum:		 Yes I No Section 8 (3) (to be available for inspection)
All manual and automatic water balance results documented at least daily when pool is operating:		
The water balance results include all required tests in Section 8:		8: e.g. total <u>and</u> free chlorine, pH, alkalinity

A copy of the above regulations, the Standard for the Operation of Swimming Pools and Spa Pools and the Guideline for the Inspection and Maintenance of Swimming Pools and Spa Pools is available on site for responsible staff? **Yes / No** (Copies available <u>www.health.sa.gov.au/pehs/environ-health-index.htm</u>)

Please note the premise/activity may be inspected by an authorised officer of Council to ensure compliance with SA Public Act and Food Act

Owner/Manager Signature: ___

Date: