



Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

Notice of Intent to Operate a Recreational Camp

inspections@neph.ca
1-877-442-1212
169 Pine Street South,
Postal Bag 2012
Timmins, ON P4N 8B7

In accordance with [Ontario Regulation 503/17: Recreational Camps](#), all recreational camps are required to provide written notice of their operation to the Medical Officer of Health of the local health unit.

This form and the camp safety plan must be submitted to NEPH at least 14 days before the camp is to open; however, it is best practice to submit with more time.

The documents can be dropped off, mailed, or faxed to **any office of Northeastern Public Health (NEPH)** or emailed to inspections@neph.ca.

If you require assistance, please call the Environmental Health Department at 1-877-442-1212.

New or renovating premise: Anyone intending to operate a new or are renovating an existing recreational camp, must also submit plans and required permits to NEPH for approval prior to construction/operation.

Re-opening premise: Where an owner/operator intends to reopen an existing recreational camp that has been closed for a period exceeding 30 days, the operator must notify NEPH of the proposed opening of the camp, within the timeframe specified above.

CAMP INFORMATION

New Camp <input type="checkbox"/>	Previously Established Camp <input type="checkbox"/>
Name of Camp:	
Date of Notification:	
Site Address:	
Township/Municipality:	Postal Code:
Mailing Address:	
Municipality:	Postal Code:
Camp Telephone:	Cell:
Email:	Fax:

CAMP OWNER AND OPERATOR

Owner's Name:	
Mailing Address:	
Municipality:	Postal Code:
Owner's Telephone:	Cell:
Email:	Fax:
On-site Operator/Camp Contact:	
Telephone:	Email:

CAMP RENTAL

If the camp is rented to other groups (including private) or organizations, complete this section. If not, proceed to the next section.

Rental Dates YYYY-MM-DD	Group or Organization	Main Contact	Telephone Number and Email	Responsibility for staff		
					Owner	Renter
				Waterfront/pool supervision	<input type="checkbox"/>	<input type="checkbox"/>
				Certified Food Handler(s)	<input type="checkbox"/>	<input type="checkbox"/>
				Medical/First Aid Staff	<input type="checkbox"/>	<input type="checkbox"/>
					Owner	Renter
				Waterfront/pool supervision	<input type="checkbox"/>	<input type="checkbox"/>
				Certified Food Handler(s)	<input type="checkbox"/>	<input type="checkbox"/>
				Medical/First Aid Staff	<input type="checkbox"/>	<input type="checkbox"/>

Any group or organization renting the camp must follow the Camp Safety Plan.

(Use separate attachments for additional rentals).

CAMP SEASON INFORMATION

Duration of Camping Season (start and end dates): (YYYY-MM-DD)			
Responsible Camp Director(s)	Duration of Responsibility		Contact Information
	From (YYYY-MM-DD)	To (YYYY-MM-DD)	

(Use separate attachment for additional directors).

MEDICAL

Nearest Hospital:	
Physician (must be available)	
<input type="checkbox"/> On-site <input type="checkbox"/> On call (services immediately obtained)	
Name:	
Phone number:	Registration Number:
Contact Address:	
One of the following must be in residence on-site during operations:	
<input type="checkbox"/> Physician (as above, if resides on-site)	
<input type="checkbox"/> Registered nurse	Name:
	Contact information:
	Qualifications:
	Registration Number:
<input type="checkbox"/> First Aid Provider (person with current First Aid Certificate must be 18 years or older)	Name:
	Contact information:
	Attach valid certificate

(Use separate attachment for additional physician(s), nurse(s), and first aid provider(s).)

DRINKING WATER SYSTEM

<input type="checkbox"/> Municipal water source (if yes, move to next section of the form)			
Non-municipal water source:	<input type="checkbox"/> Drilled well	<input type="checkbox"/> Dug well	
	<input type="checkbox"/> Lake, specify:		
	<input type="checkbox"/> River, specify:		
	<input type="checkbox"/> Other surface water, specify:		
	<input type="checkbox"/> Other source, specify:		
Drinking Water System (DWS) number:			
Treatment:	<input type="checkbox"/> Filtration	<input type="checkbox"/> Ultraviolet light	<input type="checkbox"/> Chlorination
	<input type="checkbox"/> Other, specify:		
<input type="checkbox"/> Attached a copy of satisfactory water test results taken less than one (1) month before opening or renting. This must be received by NEPH before the camp will be permitted to open.			

