



HEALTH DEPARTMENT

APPLICATION FOR HEALTH DEPARTMENT APPROVAL
Complete and return this form. Address and fax number provided on back of this form.

**COMMUNITY SPECIAL EVENTS WITH PERSONAL SERVICES
FOR EVENT COODINATORS / ORGANIZERS**

This application form **MUST** be filed with the Durham Region Health Department **30 days prior** to any event. Events must comply with the current Guidelines for Special Events Involving Personal Services (see attached), with applicable sections of the current Personal Services Settings Protocol, under the Health Protection and Promotion Act, R.S.O., 1990 as amended, and Part VIII Sewage Systems of the Building Code, under the Building Code Act, R.S.O., 1992.

EVENT INFORMATION		
Name of Proposed Event:		Proposed Event Location (Address) & Municipality:
Date(s) of Operation: (DD/MM/YY – DD/MM/YY)	Time(s) of Operation: (e.g. a.m. – p.m.)	Expected Attendance:

EVENT COORDINATOR/ORGANIZER'S INFORMATION	
Name of Sponsoring Group or Agency:	Contact Person & Mailing Address:
Legal Name (i.e. Corporation Name/ #):	Phone:
	Other (Business/Cell):
Vendor Permit #:	Fax:
	E-Mail:

PROVIDE THE FOLLOWING INFORMATION:

METHOD OF WATER SUPPLY:			
<input type="checkbox"/> Municipal Supply	<input type="checkbox"/> Commercially Bottled	<input type="checkbox"/> Hauled Municipal Water	Name & Phone # Of Water Hauler:
<input type="checkbox"/> Well	Address / Location:		
	Type : <input type="checkbox"/> Drilled <input type="checkbox"/> Dug/Bored		
	Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" what type <input type="checkbox"/> Chlorine <input type="checkbox"/> U/V & Filter		
	<input type="checkbox"/> Other, specify _____		
Water sample to be taken two weeks prior to the event by Health Department.			
Water sample taken: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date taken: _____			
Water sample satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, resample taken <input type="checkbox"/> Yes <input type="checkbox"/> No Date taken: _____			
Water sample results: Initial sample E.coli _____ Total coliforms _____			

HYDRO:	
Electricity available to vendors:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Backup Power available:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SEWAGE, WASTE WATER & GARBAGE DISPOSAL:	
Method of Sewage Disposal:	<input type="checkbox"/> Municipal <input type="checkbox"/> Private/Septic <input type="checkbox"/> Portable Toilets
Method of Waste Water Disposal:	<input type="checkbox"/> Holding tank <input type="checkbox"/> Waste water containers <input type="checkbox"/> Other, specify _____
	<input type="checkbox"/> None available; explain _____

Number of Garbage Receptacles on-site: _____	Number of Large Storage Units on-site: _____
Garbage will be disposed of: <input type="checkbox"/> Daily	
Clean-up Coordinator's Name: _____	Phone No.: _____

COMMUNITY SPECIAL EVENTS WITH PERSONAL SERVICES FOR EVENT COORDINATORS / ORGANIZERS

PUBLIC WASHROOM FACILITIES & HAND WASH SINKS/STATIONS:			
Types of Toilets & Hand Wash Sinks: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable		Name of Supplier For Portable Units: _____ Tel #: _____	
FACILITIES AVAILABLE	NUMBER OF TOILETS	NUMBER OF URINALS	NUMBER OF HAND WASH BASINS/STATIONS
Male			
Female			

SITE PLAN FOR EVENT

Attach a site plan and include the location of the following on the plan:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Personal services vendors | <input type="checkbox"/> Washroom facilities | <input type="checkbox"/> Vendor hand wash stations | <input type="checkbox"/> Garbage disposal |
| <input type="checkbox"/> Reprocessing station
(for cleaning, disinfecting, sterilizing) | <input type="checkbox"/> Electrical sources | <input type="checkbox"/> Water sources | <input type="checkbox"/> Waste water disposal |
| <input type="checkbox"/> Food services vendors | | | |

Additional information may be added such as location of existing buildings, location of private sewage systems, topographical characteristics (such as roads, ponds, streams, etc.) and any other details that are necessary to properly access the site.

PERSONAL SERVICES VENDOR REGISTRATION LIST

List all vendors on page 3 and fax to the Health Department, 905-666-1887, as new vendors are added to the list. It is the responsibility of the Event Coordinator to provide each vendor with the vendor application package. Vendor application submissions to the Health Department will be the responsibility of the vendor and the coordinator. All vendors must be approved by the Health Department prior to the event. **Vendors at the event that do not have a Health Department approved application form will be ordered to close their booth.**

For additional application packages, contact the Environmental Help Line at 905-723-3818 ext. 2188.

I have received and read the Community Special Events information provided. I understand the requirements for Organizer/Event coordinators at Special Events and have provided the information to all personal services vendors that will be attending the event. I agree that all the information I have provided on this application form (2 pages) is accurate.

Date
 Coordinator/Organizer's Name (Print)
 Coordinator/Organizer's Signature

HEALTH DEPARTMENT USE ONLY	
APPLICATION APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject to Requirements (See Report)	Inspector's Comments/Requirements: <input type="checkbox"/> Discussed Guidelines with Organizer <input type="checkbox"/> Advised Organizer to provide Guidelines to each vendor <input type="checkbox"/> Received Vendor Registration List & Personal Services Vendor Applications Other Comments: <hr/> <hr/>
DATE:	Inspector's Name: _____ Signature: _____
Durham Region Health Department – Environmental Health 101 Consumers Drive, 2 nd Floor, Whitby, ON, L1N 1C4 Phone: 905-723-3818 ext. 2188 Fax: 905-666-1887	Information contained on this form is collected under the authority of the Health Protection and Promotion Act., R.S.O. 1990, Chapter H.7., (as amended) for the purpose of enforcing the Act and Regulations. For information regarding collection, contact the Director of Environmental Health, Durham Region Health Department.



HEALTH DEPARTMENT

COMMUNITY SPECIAL EVENTS WITH PERSONAL SERVICES FOR EVENT COODINATORS / ORGANIZERS

FAX TO 905-666-1887 ATTENTION INFECTION CONTROL PROGRAM *****

NAME OF SPECIAL EVENT: _____ DATE(S) OF SPECIAL EVENT: _____

PERSONAL SERVICES VENDOR REGISTRATION LIST

PAGE ____ OF ____

#	Name of Vendor	Business Name	Mailing Address	Phone No.	E-Mail

Coordinator/Organizer's Name (Print)

Coordinator/Organizer's Signature

Date