|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **NOTIFICATION**  **of operation based on Section 13 of the Health Protection Act (763/1994)** | | |
| **Arrival date** (filled in by the authority) | | |
| **The operator must fill in fields 1–7, and 8–18, if applicable.**  **A layout plan must be submitted as an attachment to a notification.**  The Environmental Services will check the notification and send a confirmation of its processing. A fee will be charged for processing a notification on the initiation of an operation, making a significant alteration or change of the operator. The Environmental Services may request additional information or other necessary clarifications from the operator in order to process their notification. The notification must be submitted to the Environmental Services no later than 30 days before commencing the operation. The Environmental Services must also be notified without delay if the operator changes or business is closing down. A notification if operation is suspended may be done by calling or via e-mail.  **The form is sent using the address City of Helsinki, Environmental Services, Environmental Health Unit, PO Box 58235, 00099 City of Helsinki, or via email to kymp.terveydensuojelu@hel.fi** | | | | | | |
| This notification concerns | | | | initiation of the operation | | change of the operator | | |
|  | | | | significant change to the operation | | closing down the business |
|  | | | |  | |  |
|  | | | |  | |  |
| The operation in question  (check all applicable  operations) | | | Accommodation (fill in fields 1–7 and 8)  Gym or sports facility (fill in fields 1–7 and 9)  Spa, swimming hall, outdoor pool or other public pool (fill in fields 1–7 and 10)  Beach (fill in fields 1–7 and 11)  Public sauna (fill in fields 1–7 and 12)  Solarium (fill in fields 1–7 and 13)  Tattooing, body piercing or cupping therapy (fill in fields 1–7 and 14)  Beauty salon (fill in fields 1–7 and 15)  Children’s day care centre or club (fill in fields 1–7 and 16)  School or other educational institute (fill in fields 1–7 and 17)  Social welfare unit or reception centre providing constant care (fill in fields 1–7 and 18)  Other, please specify | | | | |
| **Descprition of the operation and other noteworthy features (e.g. description of significant change to the operation)** | | | | |
| 1. Operator | | Name of the business operator (company name) | | | | |
| Business ID (VAT-number) | | | | |
| Postal address | | | | |
| Postal code and city | | | | |
| Contact person  Phone number and email address | | | | |
| Invoicing address (if not the postal address; e-mail address not possible) | | | | |
| Previous operator / company (when the operator changes) | | | | |
| 2. Place of business | | Name of business | | | | |
| Business is located in the operator’s home | | | | |
| Street address | | | | |
| Postal code and city | | | | |
| Contact person  Phone number and email address | | | | |
| 3. Contact information for the property manager | | Property manager company  Name of property manager | | Phone number  Email address | | |
| 4. Date of initiation or  change | | Date of initiation or change of the operation  Date of the operator change | | | | |
| 5. Premises | | Layout plan is included in the attachments  Total area of the premises       m2  Total number of customers/children/students in the premises simultaneously (sports facility: number of  customers per year)  Total number of staff in the premises simultaneously | | | | |
| **Use of the premises from the point of view of building control, please specify**  **The location of the premises** | | | | |
| Business property  Industrial property | | Residential property  Other, please specify | | |
| **Ventilation**  Mechanical supply and exhaust ventilation  Mechanical exhaust ventilation | | Gravitational  Other, please specify | | |
| **Toilet facilities (for the customers/children/students)** | | | | |
| Toilet seats  Hand washing stations | | Urinals  Toilet facilities for the staff | | |
| **Cleaning closet equipment**  Shelf/storage space  Faucet  Sink | | Floor drain  Radiator for drying | | |
| **Textile care**  Washing machine and dryer in the premises | | Other, please specify | | |
| 6. Water acquisition,  plumbing and  waste | | Part of the communal water supply network  Part of the organised waste management system  Wastewater is drained into the public sewer system | | Other, please specify  Other, please specify  Other, please specify | | |
| 7. Operator’s  signature and  name in block letters; | | Place and date | | Signature and name in block letters | | |
| Consent to e-services | | Common service of documents related to this matter (e.g. certificate, auditors’ report and clearing requests) can be sent to me via e-mail (e-mail address, see section 1)  Common service of documents related to this matter can be sent to me via mail (postal address, see section 1) | | | | |
| **The operator fills in the fields 8–18 as applicable.** | | | | | | |
| 8. Accommodation provider | | Hotel  Hostel / Bed&Breakfast  Holiday centre / camping site  Apartment leasing for short-term use  Other, please specify | | number of rooms  number of beds | | |
| 9. Gym or other sports  facility | | Gym number  Sports hall number  Other sports facility number  Washing facilities number  Changing rooms number | | **Operation / opening hours**  Round the clock | | |
| 10. Spa, swimming hall,  outdoor pool or other public pool | | **Facilities**  Pools  Washing facilities  Changing rooms | | area       m2  number of pool groups  number  number | | |
| **Pools**  Pool  Warm-water pool, water temperature over 32°C  Cold-water pool, water temperature under 23°C  Outdoor pool | | number       volume size      m3  number       volume size      m3  number       volume size      m3  number       volume size      m3 | | |
| **Water treatment**  Filtration, filter type  Precipitation, the chemical used  Chlorine disinfection, the chemical used  pH adjustment, the chemical used  Other processing, please specify | |  | | |
| 11. Public beach | | The highest number of swimmers per day  Location  Sea  River  Lake  Coordinates | | | | |
| **Facilities and equipment**  Changing rooms  Showers  Bulletin boards | | number  number  number | | |
| 12. Public sauna | | Saunas  Washing facilities  Changing rooms | | number  number  number | | |
| 13. Solarium | | Number of tanning beds  The operator has organised monitoring for the age limit (18 years)  yes  no  Instructions on how to use the tanning beds are given both orally and in writing  yes  no | | | | |
| 14. Tattooing, body piercing or cupping therapy | | Tattooing  Body piercing  Cupping therapy | | Work stations, number | | |
| **Cleaning of the equipment**  Disposable equipment  Disinfection, the disinfectant used  Sterilisation, the sterilisation method used | | Washing stations for the equipment, number | | |
| 15. Beauty salon | | Body, face or hand treatments  Pedicures  Manicures  Work stations, number | | Acrylic nails  Injection treatments  Other, please specify | | |
| **Cleaning of the equipment**  Disposable equipment  Disinfection, the disinfectant used  Sterilisation, the sterilisation method used | | Washing stations for the equipment, number | | |
| 16. Children’s day care  centre or club | | Day care centre  Group family day care centre  Play group activities and other day centre operation  youth facility  Hands can be washed in the canteen  The group facilities have faucets for hand washing | | **Operation / opening hours**  Round the clock | | |
| 17. School or other  educational institute | | Pre-school education  Comprehensive school  General upper secondary school  Vocational school | | Higher education institute  Other adult education  Other school or educational institute, please specify | | |
| **Special facilities**  Chemistry/physics classroom  Technical work classroom  Textile work classroom  Arts classroom  Music classroom  Hands can be washed in the canteen  The classrooms have faucets for washing hands | | Home economics classroom, teaching kitchen  Sports hall, a gym  Auditorium, a lecture hall  Other special facilities | | |
| 18. Social welfare unit  or reception centre  providing  constant care | | Round the clock care for the elderly (intensive  sheltered housing)  Institution for the disabled people (institution-  type)  People recovering from mental illness or  substance abuse (institution-type)  Asylum or shelter | | Orphanage / reform school / family rehabilitation  unit  Reception centre  Other, please specify | | |

|  |  |
| --- | --- |
| **The form is sent to Helsinki Environmental Services’ Environmental Health Unit, using the address City of Helsinki, Environmental Services, Environmental Health Unit, PO Box 58235, 00099 City of Helsinki, or via email to kymp.terveydensuojelu@hel.fi** | |
| More information | For more information on how to fill in the notification form and how it will be processed, please call +358 (0)9 310 2611 (switchboard) or send email to kymp.terveydensuojelu@hel.fi |
| All personal information will be registered in the information system and data management system. The system’s register statement can be viewed at the City of Helsinki Registrar's Office (address: Pohjoisesplanadi 11–13, Helsinki 17) and online at [www.hel.fi/rekisteriseloste](http://www.hel.fi/rekisteriseloste(inFinnish)) (in Finnish). |
| Invoice | A fee will be charged for the processing of a notification, based on the tariff approved by the City of Helsinki’s Environmental Committee.  No fee will be charged for a notification regarding closing down the business.  The City of Helsinki’s Financial Management Services will deliver the invoice for the processing of a notification. |
| Applicable legal norms | The Health Protection Act (763/1994), Sections 13 and 15  The rates and prices of the City of Helsinki’s environmental healthcare |