

## **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.

•	address City of Helsinki, Environmental Servic ki, or via email to kymp.terveydensuojelu@hel	,	
This notification concerns	initiation of the operation	☐ change of the operator	
	significant change to the operation	☐ closing down the business	
The operation in question	☐ Accommodation (fill in fields 1–7 and 8)		
(check all applicable	☐ Gym or sports facility (fill in fields 1–7 and 9)		
operations)	☐ 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		
	Description 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)

Postal address
The City of Helsinki
Environmental Services
Environmental Health Unit
PO BOX 58235
00099 CITY OF HELSINKI

Street address
Työpajankatu 8
00580 Helsinki

Telephone

www.hel.fi

Internet

**Business ID** 

0201256-6

Email

kymp.terveydensuojelu@hel.fi

+358 9 310 2611 (switchboard)

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	
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 precustomers per year)  Total number of staff in the premises simultaneously	emises simultaneously (sports facility: number of	
	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/student	s)	
	Toilet seats	Urinals	
	Hand washing stations	☐ 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	
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 can be sent to me via e-mail (e-mail address, see secti ☐ Common service of documents related to this matter tion 1)		
The operator fills in the fields 8–18 as applicable.			

Postal address
The City of Helsinki
Environmental Services
Environmental Health Unit
PO BOX 58235
00099 CITY OF HELSINKI

0201256-6

Telephone

**Email** kymp.terveydensuojelu@hel.fi

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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  Pools ☐ Pool ☐ Warm-water pool, water temperature over 32°C	area m² number of pool groups number number  number volume size m³ number volume size m³ number volume size m³	
	□ Cold-water pool, water temperature under 23°C □ Outdoor pool  Water treatment □ Filtration, filter type □ Precipitation, the chemical used □ Chlorine disinfection, the chemical used □ pH adjustment, the chemical used □ Other processing, please specify	number volume size m³ number volume size m³	
11. Public beach	The highest number of swimmers per day  Location	number number	
12. Public sauna	☐ Bulletin boards ☐ Saunas ☐ Washing facilities ☐ Changing rooms	number number number number	
13. Solarium	Number of tanning beds The operator has organised monitoring for the age lim Instructions on how to use the tanning beds are given		
14. Tattooing, body piercing or cupping therapy	☐ Tattooing ☐ Body piercing ☐ Cupping therapy  Cleaning of the equipment ☐ Disposable equipment ☐ Disinfection, the disinfectant used	Work stations, number  Washing stations for the equipment, number	
	Sterilisation, the sterilisation method used		

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15. Beauty salon	☐ Body, face or hand treatments ☐ Pedicures ☐ Manicures Work stations, number	<ul><li>☐ Acrylic nails</li><li>☐ Injection treatments</li><li>☐ Other, please specify</li></ul>
	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	<ul><li>☐ Higher education institute</li><li>☐ Other adult education</li><li>☐ Other school or educational institute, please specify</li></ul>
	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	<ul> <li>☐ Home economics classroom, teaching kitchen</li> <li>☐ Sports hall, a gym</li> <li>☐ Auditorium, a lecture hall</li> <li>☐ Other special facilities</li> </ul>
18. Social welfare unit or reception centre providing constant care	<ul> <li>□ Round the clock care for the elderly (intensive sheltered housing)</li> <li>□ Institution for the disabled people (institution-type)</li> <li>□ People recovering from mental illness or substance abuse (institution-type)</li> <li>□ Asylum or shelter</li> </ul>	☐ Orphanage / reform school / family rehabilitation unit ☐ Reception centre ☐ Other, please specify
	inki Environmental Services' Environmental Health Un I Health Unit, PO Box 58235, 00099 City of Helsinki, or	
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 <a href="https://www.hel.fi/rekisteriseloste">www.hel.fi/rekisteriseloste</a> (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	

Postal address The City of Helsinki	Street address	Telephone	Internet www.hel.fi	Business ID
Environmental Services	Työpajankatu 8	+358 9 310 2611 (switchboard)	www.nei.n	0201256-6
Environmental Health Unit	00580 Helsinki	1000 0 010 2011 (0 Mioribodia)		02012000
PO BOX 58235		Email		
00099 CITY OF HELSINKI		kymp.terveydensuojelu@hel.fi		