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|  | **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 |
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| 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 attachmentsTotal area of the premises       m2Total 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       m2number 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      m3number       volume size      m3number       volume size      m3number       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 [ ]  LakeCoordinates       |
| **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 [ ]  noInstructions 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[ ]  ManicuresWork 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       |

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| **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%28inFinnish%29) (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 15The rates and prices of the City of Helsinki’s environmental healthcare |