

**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](mailto: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

**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**  
 +358 9 310 2611 (switchboard)  
**Email**  
[kymp.terveydensuojelu@hel.fi](mailto:kymp.terveydensuojelu@hel.fi)

**Internet**  
[www.hel.fi](http://www.hel.fi)

**Business ID**  
 0201256-6

2. Place of business	Name of business	
	<input type="checkbox"/> 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	Phone number
	Name of property manager	Email address
4. Date of initiation or change	Date of initiation or change of the operation	
	Date of the operator change	
5. Premises	<input type="checkbox"/> Layout plan is included in the attachments	
	Total area of the premises          m <sup>2</sup>	
	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	
	<b>Use of the premises from the point of view of building control, please specify</b>	
	<b>The location of the premises</b>	
	<input type="checkbox"/> Business property	<input type="checkbox"/> Residential property
<input type="checkbox"/> Industrial property	<input type="checkbox"/> Other, please specify	
<b>Ventilation</b>		
<input type="checkbox"/> Mechanical supply and exhaust ventilation	<input type="checkbox"/> Gravitational	
<input type="checkbox"/> Mechanical exhaust ventilation	<input type="checkbox"/> Other, please specify	
<b>Toilet facilities (for the customers/children/students)</b>		
Toilet seats	Urinals	
Hand washing stations	<input type="checkbox"/> Toilet facilities for the staff	
<b>Cleaning closet equipment</b>		
<input type="checkbox"/> Shelf/storage space	<input type="checkbox"/> Floor drain	
<input type="checkbox"/> Faucet	<input type="checkbox"/> Radiator for drying	
<input type="checkbox"/> Sink		
<b>Textile care</b>		
<input type="checkbox"/> Washing machine and dryer in the premises	<input type="checkbox"/> Other, please specify	
6. Water acquisition, plumbing and waste	<input type="checkbox"/> Part of the communal water supply network	<input type="checkbox"/> Other, please specify
	<input type="checkbox"/> Part of the organised waste management system	<input type="checkbox"/> Other, please specify
	<input type="checkbox"/> Wastewater is drained into the public sewer system	<input type="checkbox"/> 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	
<input type="checkbox"/> 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)		
<input type="checkbox"/> Common service of documents related to this matter can be sent to me via mail (postal address, see section 1)		
<b>The operator fills in the fields 8–18 as applicable.</b>		

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Environmental Services  
Environmental Health Unit  
PO BOX 58235  
00099 CITY OF HELSINKI

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00580 Helsinki

**Telephone**  
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15. Beauty salon	<input type="checkbox"/> Body, face or hand treatments <input type="checkbox"/> Pedicures <input type="checkbox"/> Manicures Work stations, number	<input type="checkbox"/> Acrylic nails <input type="checkbox"/> Injection treatments <input type="checkbox"/> Other, please specify
	<b>Cleaning of the equipment</b> <input type="checkbox"/> Disposable equipment <input type="checkbox"/> Disinfection, the disinfectant used <input type="checkbox"/> Sterilisation, the sterilisation method used Washing stations for the equipment, number	
16. Children's day care centre or club	<input type="checkbox"/> Day care centre <input type="checkbox"/> Group family day care centre <input type="checkbox"/> Play group activities and other day centre operation <input type="checkbox"/> youth facility <input type="checkbox"/> Hands can be washed in the canteen <input type="checkbox"/> The group facilities have faucets for hand washing	<b>Operation / opening hours</b> <input type="checkbox"/> Round the clock
	<input type="checkbox"/> Pre-school education <input type="checkbox"/> Comprehensive school <input type="checkbox"/> General upper secondary school <input type="checkbox"/> Vocational school <input type="checkbox"/> Higher education institute <input type="checkbox"/> Other adult education <input type="checkbox"/> Other school or educational institute, please specify	
17. School or other educational institute	<input type="checkbox"/> Chemistry/physics classroom <input type="checkbox"/> Technical work classroom <input type="checkbox"/> Textile work classroom <input type="checkbox"/> Arts classroom <input type="checkbox"/> Music classroom <input type="checkbox"/> Hands can be washed in the canteen <input type="checkbox"/> The classrooms have faucets for washing hands	<input type="checkbox"/> Home economics classroom, teaching kitchen <input type="checkbox"/> Sports hall, a gym <input type="checkbox"/> Auditorium, a lecture hall <input type="checkbox"/> Other special facilities
	<input type="checkbox"/> Round the clock care for the elderly (intensive sheltered housing) <input type="checkbox"/> Institution for the disabled people (institution-type) <input type="checkbox"/> People recovering from mental illness or substance abuse (institution-type) <input type="checkbox"/> Asylum or shelter <input type="checkbox"/> Orphanage / reform school / family rehabilitation unit <input type="checkbox"/> Reception centre <input type="checkbox"/> Other, please specify	
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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 <a href="mailto:kymp.terveydensuojelu@hel.fi">kymp.terveydensuojelu@hel.fi</a>	
	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="http://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	Street address	Telephone	Internet	Business ID
The City of Helsinki Environmental Services Environmental Health Unit PO BOX 58235 00099 CITY OF HELSINKI	Työpajankatu 8 00580 Helsinki	+358 9 310 2611 (switchboard)	<a href="http://www.hel.fi">www.hel.fi</a>	0201256-6
		<b>Email</b> <a href="mailto:kymp.terveydensuojelu@hel.fi">kymp.terveydensuojelu@hel.fi</a>		