



Title: **Appendix A - Designated Facility Water Shut-off Notification**

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Folder: Inspections

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Issue Date: May 2023

Date and Time of Shut off				
Date:		Time:		Duration

Location of shut off

Municipality: _____

Streets affected:

Name and address of food/personal service businesses affected*:

Work on the private or the public side of the water system:
Water users notified: Yes No Unknown

Contact Details

PW contact(s)

Name: _____ **Tel:** _____

Name: _____ **Tel:** _____

Property representative contact details if work is on the private side:

Name: _____

Tel: _____

Additional comments:

Food premises: premises that manufacture, process, sell or offer food to the public, e.g., restaurants, grocery stores, convenience stores, schools, child care centres, long-term care homes, retirement homes, hospitals and correctional facilities
Personal service business: premises at which personal services are offered where there is a risk of exposure to blood or body fluids, e.g., hairdressing and barbering, tattooing, piercing, nail services and electrolysis