

Email completed notifications to workcamps@albertahealthservices.ca.

Camp Information

Camp name _____

Identification number _____

Start date _____ End date _____

Operator Information

Name _____

Mailing address _____

City _____

Province _____ Postal code _____

Office phone number _____ Cell number _____

Email _____

Is the camp operator (above) completing this form? Yes No

If no, please provide name of person completing this form _____

Title _____

Office phone number _____ Cell number _____

Date completed _____

Camp Location and Access

Quarter _____ Section _____ Township _____ Range _____ W _____ Meridian

Detailed direction to camp.

Call number for access _____ Radio frequency number _____

Food Services

Permanent kitchen AHS Food Handling Permit Number _____

Or

Mobile kitchen unit(s) Supplied by Work camp Catering company

Other _____

Mobile unit serial number _____

AHS Mobile decal ID number _____

AHS Food Handling Permit Number _____

Food Service Company

Is the food service company the same as the camp name above? Yes No

If no, provide food service company name _____

Contact name _____

Mailing address _____

City _____ Province _____ Postal code _____

Email _____

Office phone number _____ Cell number _____

Housekeeping Service Company

Is the housekeeping service company the same as the camp name above? Yes No

If no, provide food service company name _____

Contact name _____

Mailing address _____

City _____ Province _____ Postal code _____

Email _____

Office phone number _____ Cell number _____

Planned Maximum Occupancy

Number of staff _____ Number of clients _____

(Camp company and related contractors)

(Staff of client company)

Water Source

Surface water Ground water AESRD approved Municipal supply Hauled (complete below)

If hauled, provide water hauling company name _____

Contact name _____

Mailing address _____

City _____ Province _____ Postal Code _____

Email _____

Office phone number _____ Cell number _____

Is the water hauling company AHS approved? Yes No

AHS Food Handling Permit Number _____

Water Sampling

Have initial water samples been submitted for bacteriological testing? Yes Date submitted _____

No

Where was the water samples collected from? (indicate all that apply) Kitchen (mandatory) Washroom

Furthest point on distribution line

Are water sampling reports available on-site? Yes No

Additional Comments About the Camp

For Office Use Only

Date received _____ Date camp opening _____

AHS Food Handling Permit _____ AHS Zone _____

Supervisor referred to _____ Date received _____