

## Regulated system registration application

*Public Health Act 1997*

### Applicant details

Name of applicant:	
Business name:	ABN/ACN:
Postal address:	
Authorised officer:	Position title:
Email address:	Contact number:

NOTE: The Director of Public Health considers that for warm water systems and cooling towers to be operated without posing a threat to public health, operation and maintenance should comply with AS/NZS 3666.2.

### Maintenance details:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are maintenance records available for all systems?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has a risk assessment been conducted on system and is it accessible?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are some aspects of operation or maintenance carried out by an external person or organisation?
If yes, indicate which aspects have been assigned and state the person/organisation responsible below:		
<input type="checkbox"/> Operation	Name:	Mobile number:
<input type="checkbox"/> Mechanical	Name:	Mobile number:
<input type="checkbox"/> Chemical incl. water treatment	Name:	Mobile number:
<input type="checkbox"/> Other	Name:	Mobile number:

### System details

Address of system(s):	
Number of cooling towers:	Number of warm water systems:
Unit number 1 details	
<input type="checkbox"/> Warm water system	
<input type="checkbox"/> Cooling tower associated with air conditioning	
<input type="checkbox"/> Cooling tower associated with refrigeration plant or freezer	
<input type="checkbox"/> Cooling tower associated with other industrial process or equipment cooling	
Description of location of system:	
System make/model:	
Serial number:	
Owners identifying number:	

Unit number details:

- ☐ Warm water system
- ☐ Cooling tower associated with air conditioning
- ☐ Cooling tower associated with refrigeration plant or freezer
- ☐ Cooling tower associated with other industrial process or equipment cooling

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System make/model:

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System make/model:

Serial number:

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## Documents required

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- ☐ Risk assessment by a water systems professional if there have been significant alterations/upgrade to any of the systems.
  - ☐ Specifications of the maintenance program for the system, including water treatments and disinfection.
  - ☐ Results of all water testing for each system for the previous 12 months including action arising from the results.
  - ☐ A statement from a water systems professional that the maintenance program is suitable for the registered system.
  - ☐ A statement from a water systems professional that a process which effectively disinfects the registered systems, is in operation.
  - ☐ A statement from the person responsible for the maintenance program that the maintenance of the registered system has been carried out as required by the Guidelines for Control of Legionella in Regulated Systems (Public Health Act 1997).
  - ☐ Written notification of any decommissioned cooling towers.
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## Applicant declaration

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1. I declare that the information provided on this form is accurate, complete, and correct.
  2. I acknowledge and agree that if an email address is provided on this application, I consent pursuant to Section 6 of the *Electronic Transaction Act 2000* to the Council using that email address as a method of contact and for the provision of information by the Council.
  3. I understand and agree that information about this application and the businesses' on-going operations will be shared with the Department of Health to assess this application and the businesses' compliance with the *Public Health Act 1997*.
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**Name:**

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**Signed:**

**Date:**

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