COOLING WATER SYSTEM
REGISTRATION FORM

INFORMATION TO APPLICANT

About this Application Form

The Public and Environmental Health Legionella Regulations 2008 require the owner of premises on which a cooling water system is installed to ensure the system is registered with the Local Council for the area in which the premises are situated. This form is designed for the mandatory registration of cooling water system(s) under the Public and Environmental Health (Legionella) Regulations 2008 and must be completed in its entirety.

Registration / Registration Renewal Fees

Registration / registration renewal fees payable to the Local Council are prescribed in Schedule 1 of the Public and Environmental Health (Legionella) Regulations 2008, as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>For registration of 1 water system</td>
<td>$40.50</td>
</tr>
<tr>
<td>For registration of each additional water system installed on the same premise</td>
<td>$27.00</td>
</tr>
<tr>
<td>On application to an authority for renewal of registration of a high risk manufactured water system (per system)</td>
<td>$20.40</td>
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</tbody>
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Please note: These fees do not include inspection fees; testing fees and applications to the minister.

Changes requiring notification to the Local Council

There are a number of mandatory requirements related to the registration of cooling water system(s), including the following:

- Registration remains in force for a period of 12 months after which the applicant must renew the registration to the authority.

- The owner of premises on which a high risk manufactured water system registered with the Local Council is installed, must within 1 month after any change in the particulars registered in relation to the system, notify the authority of the change.

- If a high risk manufactured water system registered with the authority is decommissioned, the owner of the premise on which the system is installed must notify the authority of the decommissioning within 1 month after the event.

Where to find more information

Local Council

Should you require assistance with registration or have any questions please contact your Local Council Environmental Health Officer on 8828 1200.
COOLING WATER SYSTEM
REGISTRATION FORM

REGISTRATION TYPE

New Application:

☐ New registration of cooling water system(s)

Please indicate the total number of systems to be registered with this application__________________

Existing Registrations:

☐ Renew registration of cooling water system(s)

☐ Modify business ownership details and/or maintenance and operation contact details of existing registration(s) of cooling water system(s)

Please indicate the total number of systems already registered__________________

SITE DETAILS

Registered Business Name ____________________________________________________________

ABN __________________________________________________________________________

Address _________________________________________________________________________

________________________________________________________________________________

Trading name of premises __________________________________________________________

Site (Street) Address _______________________________________________________________________

________________________________________________________________________________

Postal Address _______________________________________________________________________

________________________________________________________________________________

Contact phone __________________________________ Fax _______________________

Description of Business Activities _________________________________________________

________________________________________________________________________________

Business Operating Hours ____________________________________________________________
BUSINESS OWNERSHIP DETAILS

Name of Business Owner(s)
Name of Business Owner(s) ____________________________________________________________
__________________________________________________________________________________

Business Address
Street Address _____________________________________________________________________
__________________________________________________________________________________

Contact phone __________________________ Fax ________________________________

Name of business contact, representing business owner(s), in regards to this registration.

Name of Contact ________________________________________________________________
Position/Title ___________________________________________________________________

Residential Address
Street Address ________________________________________________________________
__________________________________________________________________________________

Contact phone __________________________ Fax ________________________________

Name of Contact ________________________________________________________________
Position/Title ___________________________________________________________________

Email ___________________________________________________________ Mob ________________

Additional after hours contact: Name __________________________ Phone ___________________

OPERATION & MAINTENANCE CONTACT DETAILS

Person/company responsible for operation & maintenance □ In-house □ Contractor

Name of Business _________________________________________________________________

Name of the Contact Person
Name ________________________________________________________________
Position/Title __________________________________________________________________

Business Address
Street Address ________________________________________________________________
__________________________________________________________________________________

Contact phone __________________________ Fax ________________________________

Email ___________________________________________________________ Mob ________________

Residential Address
Street Address ________________________________________________________________
__________________________________________________________________________________

Contact phone __________________________ Fax ________________________________

Additional after hours contact: Name __________________________ Phone ___________________
PLANT IDENTIFICATION FORM

Please Note: Where there is more than 1 cooling water system to be registered, you must photo copy this page and complete it for each system to be registered.

1 Plant Identification

Make/brand ________________________________________________________________
Model No. __________________________________________________________________
System common name/Identification No. (e.g. system 1; cooling tower 1) __________________________________________________________________

2 Type of Cooling Water System

☐ Cooling Tower ☐ Evaporative Condenser ☐ Other ______________________________________

3 Application of Cooling Water System

Application of cooling tower/evaporative condenser ☐ Air handling ☐ Process cooling
☐ Other, please specify ________________________________________________________________

(if there are multiple systems, please detail this on the site plan (over page))

4 Location of Cooling Water System

Location ☐ Roof ☐ Ground ☐ Plant Room
☐ Other, please specify ________________________________________________________________

5 Frequency of Operation

☐ Annual ☐ Seasonal (please specify months) _____________________________________________

6 Maintenance of cooling water system

Please indicate the maintenance regime utilised for the cooling water system

☐ Section 2.5 of AS/NZS 3666.2; or
☐ Section 3 of AS/NZS 3666.3; or
☐ A program approved by the Minister (attach the approval as an appendix to this registration)

7 Drift Eliminators

Is a drift eliminator fitted to the system?

☐ Yes
☐ No

8 Automatic Biocide Dosing Devices

Is the cooling water system fitted with an automatic biocide dosing device?

☐ Yes
☐ No

9 Decontamination Procedure

Please indicate the decontamination procedure utilised for the cooling water system

☐ Prescribed decontamination procedure set out in Schedule 3 Part 1 of the Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia; or
☐ A decontamination procedure approved by the Minister (attach the approval as an appendix to this registration)
SITE PLAN

Please draw a site plan identifying the location of all cooling water system(s). Where necessary, please attach additional pages.
REGISTRATION FORM CHECKLIST

To assist processing your application, please ensure that the following items have been completed and attached:

☐ Application type indicated

☐ Site details

☐ Business ownership details

☐ Operation/Maintenance Contacts

☐ Cooling water system plant identification form(s)
  
  *Please indicate number of forms:_____*

☐ Site plan
  
  *(with attachment(s) where necessary)*

APPLICANT DETAILS

Name of person submitting registration form

First name_________________________________________Surname_________________________________________

Position title________________________________________________________________________________

Signature_________________________________________Date__/___/____

Office Use Only

Fee received: *(Receipt number and amount)*____________________________________________________________

Property Identification:__________________________________________________

Date registered:_________________________

Registration expiry date:___/___/____