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OFFICE USE ONLY

WARM WATER AND WATER COOLING SYSTEM REGISTRATION

Public Health Act 2010 and the Public Health Regulation 2022

The Public Health Act 2010 (the Act) and the Public Health Regulation 2022 (the Regulation) require the owner of premises on which a 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 warm water and water cooling system(s) and must be completed in its entirety.

Date:	Authority No:			
Section 1	Registration type – Notification to Council must be made within one month after commissioning or decommissioning or if there are any changes to ownership or contact details			
New application				
□ Ne	ew registration			
Existing registrations:				
□ Мо	odify business ownership (occupier) details.			
☐ Mo	odify contact details of existing registrations			
	ECOMMISSIONED			
☐ Ot	her:			
Section 2	Site details – Address of premises on which the system is installed			
Complex Name:				
Site Address:				
	Suburb State P/Code			
Section 3	Property (building) owner details			
Contact name(s)				
,				
Business Name:				
Postal Address:				
Residential:				
	Suburb: P/Code:			
Contact Nos:	Phone:			
	A/Hours:			
Email address:				
ABN No:				
ACN No:				

Section 4	Occupier details (if same as property owner please write 'as above")			
Contact name(s)				
Business Name:				
Residential:				
	Suburb:	State:	P/Code:	
Contact Nos:	Phone:			
	A/Hours:			
Email address:				
ABN No:				
ACN No:				
Business operati	ng hours:			
Ocation 5	Farancia and addition			
Section 5	Emergency contact details	this wastatustian		
·	GENCY contact representing business in regard to	_		
Position/title				
Contact Nos:	Bus: Home:			
Email address:				
Additional after	hours contact name and number			
Secondary Conta	act Name (s):			
Position/title:				
	Bus: Home:		Nobile:	
Email address:				
Section 6	Maintenance			
	maintenance manuals and records of servicing availa	ahle		
Yes	No	abic.		
Maintenance Co	ontractor			
Name:				
Contact Nos:	Phone:	A/Hours:		
Postal Address:				
	Suburb	State	P/Code	

Section 7 System identification

Please indicate total number of systems to be registered:

PLEASE COMPLETE FOLLOWING PAGE(S) - THERE IS A SHEET FOR

- (a) Water cooling systems (Section 8); and
- (b) Warm water systems (Section 8A)

Photocopies of the following page are acceptable if there is more than one system

A site plan is to accompany this form.

The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.

OFFICE USE ONLY				
Fee	Receipt type	Amount		
Application for approval of warm-water system installation in hospital		\$190.00		
Notification of installation of warm-water system		\$120.00		
Notification of installation of cooling water system		\$120.00		
	TOTAL			

Section 8 System identification - Water cooling units. Where there is more than one system please photocopy this page and complete for each system **WATER COOLING** Type of water cooling system Air conditioning Air handling Cooling tower Evaporative cooling Humidifying Refrigerated П Water cooling Other Location of system Please include site plan (if applicable) Roof Ground Plant room Other Frequency of operation Annual Seasonal (please specify months) Plant identification Make/brand: Model No: Serial No: Site location: System common name/identification number (eg system 1; cooling tower 1) Checklist A risk assessment has been prepared for this system and notified to Council YES NO A certificate of audit completion has been provided to Council by the occupier (in accordance with clause 130(7) of the regulation) for each system YES NO

Section 8A System identification – Warm water units Where there is more than one system please photocopy this page and complete for each system **WARM WATER** Type of warm water system Hot water / Thermostatic Mixing Valve Tempering valve П Features of system Gas Source of heating Electric Other Water storage or instanteous? Storage Instant Are there any temperature control devices installed with this system: YES NO Location Location of areas serviced by the warm water system Plant identification

System common name/identification number (eg system 1; cooling tower 1)

Make/brand:
Model No:
Serial No:
Site location: