



Warm water system registration form

INFORMATION TO APPLICANT

About this application form

The South Australian Public Health (Legionella) Regulations 2013 require the owner of premises on which a warm 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 system(s) under the South Australian Public Health (Legionella) Regulations 2013 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 South Australian Public Health (Legionella) Regulations 2013.

Changes requiring notification to the Local Council

There are a number of mandatory requirements related to the registration of warm 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 premises on which the system is installed must notify the authority of the decommissioning within 1 month after the event.

Where to find more information

If you require assistance with registration or have any questions, please contact an Environmental Health Officer at the City of Holdfast Bay on **healthinbox@holdfast.sa.gov.au** or **8229 9999.**

REGISTRATION TYPE

New application

New registration of Warm Water System(s)

Please indicate total number of systems to be registered with this system: _

Existing applications

Renew registration of Warm Water System(s)

Modify business ownership details and/or maintenance and operation contact details of existing registration(s) of Warm 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 | |
| Phone number | Email |
| Description of business activities | |
| Business operating hours | |

Business ownership deatils

| Name of business owner(s) | |
|---------------------------|-------|
| Business street address | |
| Business phone number | Email |

Business contact details

Please provide details of the contact representing the business owner(s) in regards to this registration.

| Name of contact | |
|-------------------------------------|-------|
| Position/title | |
| Residential address:* | |
| Contact phone number | Email |
| Mobile phone number | |
| Additional after hours contact name | |
| Phone number | |

*It is a requirement under Regulation 6 that a residential address is provided, otherwise, this registration will be deemed invalid and penalties apply.

| Operation and maintenance contact details | | |
|--|------------|--|
| Person/company responsible for operation and maintenance | | |
| In-house | Contractor | |
| Name of business | | |
| Name of contact person | | |
| Position/title | | |
| Business address | | |
| Street address | | |
| Phone number | | |
| Email | | |
| Residential address* | | |
| Street address | | |
| Phone number | | |
| Email | | |
| Additional after hours contact | | |
| Name | | |
| Email | | |

* It is a requirement under Regulation 6 that a residential address is provided, otherwise, this registration will be deemed invalid and penalties apply.

Plant identification

| Please note: Where there is more than one warm water system to be registered, you must complete a copy of this page for each system to be registered. | | | |
|--|---|--|--|
| Type of Water Heating Device | | | |
| Make/brand of system | | | |
| Model no. | | | |
| System common name/Identifcation nu | umber (e.g. system 1, cooling tower 1) | | |
| Type of water heating device | | | |
| Gas 🗌 | Electric Other (please specify) | | |
| Water storage or instantaneous? | | | |
| Storage | Instantaneous | | |
| Are there any temperature control devices installed with this system? | | | |
| Yes | No | | |
| Location of areas serviced by the warm water system | | | |
| | | | |
| | | | |
| | | | |
| Decontamination procedure | | | |
| Please indicate the decontamination pr | ocedure utilised for the warm water system. | | |
| Either: Prescribed decontamination procedure set out in Schedule 3 Part 2 of the <i>Guidelines for the</i> <i>Control of Legionella in Manufactured Water Systems in South Australia,</i> namely: | | | |
| Pasteurisation method, or | | | |
| Chlorination method | | | |
| Or: | | | |
| Alternative decontamination proce | edure approved by the Minister for Health | | |

| 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 |
| Warm water system Plant Identification form(s) |
| Please indicate number of forms: |
| Please return form to: Environmental Health Service City of Holdfast Bay PO Box 19, Brighton, SA 5048 mail@holdfast.sa.gov.au |