



Cooling 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 cooling water system(s)

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

Existing applications

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		
Phone number		Fax
Email		
Description of business activities		
Business operating hours		

Business ownership details

Name of business owner(s)		
Business street address		
Business phone number		Fax

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		Fax
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 <input type="checkbox"/>	Contractor <input type="checkbox"/>	
Name of business		
Name of contact person		
Position/title		
Business address		
Street address		
Contact number		Fax
Mobile number		
Email		
Residential address*		
Street address		
Phone number		Fax
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 cooling water system to be registered, you must photocopy 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 (please specify) _____

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

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*)

Please return form to:

Environmental Health Service
City of Holdfast Bay
PO Box 19, Brighton, SA 5048
mail@holdfast.sa.gov.au