

Regulated Systems Application

Public Health Act 1997

Sections 113, 114 and 121

APPLICANT DETAILS

I am Applying as an Individual:

Name of Applicant

Date of Birth

(for non-ABN/ACN holders)

Postal Address of Applicant

Phone

Email

Relationship to the Business

I am Applying as a Company or Registered Business:

ABN/ACN

Registered Address

Postal Address

(if different from registered address)

Contact Person

Phone

Email

Role in Company

(e.g. director, corporate secretary)

LOCATION OF THE REGULATED SYSTEM/S

Business Trading Name

(Where the applicant will use the regulated system)

Business Name

(Depicted on the street frontage of the premises)

Address of Business			
Postal Address			
After Hours Contact Person		Phone	
REGULATED SYSTEM/S DETAILS			
Total Number of Cooling Towers on the Premises			
Total Number of Warm Water Systems on the Premises			
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 of warm water systems and cooling towers should comply with AS/NZS 3666.2.			
System Details (A)			
<div><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</div>			
System Make/Model		Serial Number	
Owners Identifying Number			
GPS Coordinates			
System Details (B)			
<div><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</div>			
System Make/Model		Serial Number	
Owners Identifying Number			
GPS Coordinates			
Please attach further details if more systems are installed on site.			

MAINTENANCE DETAILS

Business Name of Water Systems Professional

Name of Water Systems Professional

Emergency Contact

Phone

MAINTENANCE STATEMENT DECLARATION

This declaration is to be completed by the person responsible for maintenance program.

I am responsible for the maintenance program of the registered system as described above and as such confirm the maintenance of the registered system has been carried out as required by the *Guidelines for the Control of Legionella in Regulated Systems 2012*.

Signed Date ____/____/____

INFORMATION TO BE PROVIDED

Under the *Public Health Act 1997* Guidelines for Legionella, the following information must accompany an application to register or renew a regulated system.

Information Required

Attached Yes/No

1. Tabled results of all registered systems water testing and the laboratory details for each test for the last 12 months.
2. Specifications of the maintenance program for the regulated system for the past 12 months.
3. A statement from a water systems professional that a process which effectively disinfects the regulated system is in operation.
4. Where applicable, a copy of the risk assessment, as specified in Section 2.3 of the AS/NZS 3666.3, and a statement from a water systems professional that the maintenance program is suitable for the regulated system (new applications and modified systems only).

APPLICANT DECLARATION

I declare that the information provided on this form is true and correct.

SIGNATURE

Individual


Applicant Name	Signed
Date ____/____/____	

Company	
Company Name and ABN/ACN:	
Name	Signed Person Authorised to Sign
Date ____/____/____	


PRIVACY STATEMENT

The personal information on this form is required by Glamorgan Spring Bay Council for the Registration of a Regulated System under *the Public Health Act 1997*. We will only use your personal information for this and related purposes. If this information is not provided, council may not be able to process this application. You may access and/or amend your personal information at any time. How we use this information is explained in our Privacy Policy, which is available at www.ccc.tas.gov.au or at Council Chambers.


LODGE YOUR APPLICATION



EMAIL
Attach your signed, completed application with any supporting information to:
health@freycinet.tas.gov.au



MAIL
Send your signed, completed application with any supporting information to:
Glamorgan Spring Bay Council
PO Box 6 Triabunna TAS 7190



IN PERSON
9 Melbourne Street, Triabunna TAS 7190, between the hours of 9:00am to 4:30pm. You may also call us on 03 6256 4777.

OFFICE USE ONLY			
Registration Number			
Receipt Number		Date Paid	
Account Number			

EHO Conducting Assessment: Date: ____/____/____

Approved / Not Approved

EHO Comments: