

Fee \$56 (Maximum \$135.00)	
Receipt No _____	Date _____
App No: ERS _____	

Application for Registration of a Regulated System

Form to be completed by Applicant (Owner of the Premises)
Please complete a separate section for EACH regulated system

Applicant details

Business name

Postal address for correspondence
..... Postcode

Authorised Officer.....

Position Title.....

Telephone Mobile Phone.....

Facsimile Email

Address of System/s (if not the same as postal address).....
.....

NOTE The Director of Public Health considers that for regulated systems to be operated without posing a threat to public health, operation and maintenance should comply with AS/NZS 3666.2

Maintenance details

Are maintenance records available for all systems? YES NO

Has a risk assessment been conducted on system and is it accessible? YES NO

Are some aspects of operation or maintenance carried out by an external person or organisation :
YES NO

If yes, indicate which aspects have been assigned and state person/organisation responsible:

<input type="checkbox"/>	Operation	Phone: Day	Night
<input type="checkbox"/>	Mechanical maintenance	Phone: Day	Night
<input type="checkbox"/>	Chemical maintenance including water treatment	Phone: Day	Night
<input type="checkbox"/>	Other	Phone: Day	Night

1. System Details

<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

Description of location of system
System make/model
Serial Number
Owners identifying number

2. System Details

<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

Description of location of system
System make/model
Serial Number
Owners identifying number

3. System Details

<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

Description of location of system
System make/model
Serial Number
Owners identifying number

4. System Details

<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

Description of location of system
System make/model
Serial Number
Owners identifying number

5. System Details

<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

Description of location of system
System make/model
Serial Number
Owners identifying number

6. System Details

<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

Description of location of system
System make/model
Serial Number
Owners identifying number

DOCUMENTATION REQUIRED

- 1. Records of monthly Heterotrophic Colony Count water tests (cooling towers only)
- 2. Records of 6 monthly Legionella water tests
- 3. Records of action arising from sampling records
- 4. Specifications of the maintenance program for the registered system
- 5. A statement from a water systems professional that a process which effectively disinfects the registered systems, is in operation.
- 6. A statement from the person responsible for the maintenance program that the maintenance of the registered system has been carried out as required by the *Guidelines for Control of Legionella in Regulated Systems (Public Health Act 1997)*
- 7. Where applicable, a copy of the risk assessment, as specified in Section 2.3 of AS/NZ 3666.3, and a statement from a water systems professional that the maintenance program is suitable for the registered system.

Your Signature _____

Date / /

Personal Information Protection Statement

As required under the *Personal Information Protection Act 2004*

1.	Personal information is managed in accordance with the <i>Personal Information Protection Act 2004</i> and may be accessed by the individual to whom it relates, on request to City of Launceston.
2.	Information can be used for other purposes permitted by the <i>Local Government Act 1993</i> and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of City of Launceston, in accordance with the Council's Personal Information Protection Policy (17-Plx-005).
3.	Failure to provide this information may result in your application not being able to be accepted or processed.

File No.					
EO		OD		Box	
Doc. No.					
Action Officer			Date Received		