

Application for Registration of Regulated Systems

Public Health Act 1997
Division 3

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
- ☐ 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.

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 Launceston City Council.
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 Launceston City Council, in accordance with 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.