



COOLING WATER SYSTEM Registration Form

APPLICATION / REGISTRATION INFORMATION

OVERVIEW:

The *South Australian Public Health (Legionella) Regulations 2013* require the owner of premises on which a cooling 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 cooling 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 2 of the *South Australian Public Health (Legionella) Regulations 2013*, as follows:

| | |
|--|---------|
| For registration of 1 cooling water system | \$44.00 |
| For registration of each additional water system installed on the same premise | \$29.25 |
| Renewal of registration of a high risk manufactured water system (per system) | \$22.20 |

Please note: These fees do not include inspection fees; testing fees and applications to the minister.

Changes requiring notification to the Local Council

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

SECTION 1: REGISTRATION TYPE

New Application:

| | |
|--------------------------|---|
| <input type="checkbox"/> | New Registration of cooling water system(s) |
|--------------------------|---|

Please indicate the total number of systems to be registered:

Existing Registrations:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Renew registration of cooling water system(s) |
|--------------------------|---|

| | |
|--------------------------|---|
| <input type="checkbox"/> | 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:



SECTION 2: SITE DETAILS

| | |
|-------------------------------------|--|
| Registered Business Name: | |
| ABN: | |
| Address: | |
| Trading name of premises: | |
| Site (Street) Address: | |
| Postal Address: | |
| Contact Phone: | |
| Fax: | |
| Description of Business Activities: | |
| Business Operating Hours: | |

SECTION 3: BUSINESS OWNERSHIP DETAILS

| | |
|--|--|
| Name of Business Owner(s): | |
| Business Address (Street Address): | |
| Contact Phone: | |
| Fax: | |
| Name of Business contact representing business owner(s) in regards to this registration | |
| Name of Contact: | |
| Position/Title: | |
| Residential Address (Street Address) | |
| Contact Phone: | |
| Fax: | |
| Email: | |
| Mobile: | |
| Additional after hours contact | |
| Name: | |
| Phone: | |

SECTION 4: OPERATION AND MAINTENANCE CONTACT DETAILS

Person/Company responsible for operation & maintenance (please tick)

| | | | |
|-----------------------------------|--|-------------|--|
| In House: | | Contractor: | |
| Name of Business: | | | |
| Name of the Contact Person | | | |
| Name: | | | |
| Position/Title: | | | |



| | |
|---------------------------------------|--|
| Business Address | |
| Street Address: | |
| Contact Phone: | |
| Fax: | |
| Email: | |
| Mobile: | |
| Residential Address | |
| Street Address: | |
| Contact Phone: | |
| Fax: | |
| Additional after hours contact | |
| Name: | |
| Phone: | |

SECTION 5: PLANT IDENTIFICATION FORM

Please note: Where there is more than 1 cooling water system to be registered, you must photocopy this page and complete it for each system to be registered.

Plant Identification

| | |
|--|--|
| Make/Brand: | |
| Model No: | |
| System common name/identification no (eg system 1; cooling tower 1): | |

Type of Cooling Water System (please tick)

| | | | | | |
|----------------|--------------------------|------------------------|--------------------------|----------------------------|--------------------------|
| Cooling Tower: | <input type="checkbox"/> | Evaporative Condenser: | <input type="checkbox"/> | Other: (please specify) | <input type="checkbox"/> |
|----------------|--------------------------|------------------------|--------------------------|----------------------------|--------------------------|

Application of Cooling Water System

Application of cooling tower/evaporative condenser (please tick):
If there are multiple systems, please detail this on the site plan (over page)

| | | | | | |
|---------------|--------------------------|------------------|--------------------------|----------------------------|--------------------------|
| Air handling: | <input type="checkbox"/> | Process cooling: | <input type="checkbox"/> | Other: (please specify) | <input type="checkbox"/> |
|---------------|--------------------------|------------------|--------------------------|----------------------------|--------------------------|

Location of Cooling Water System (please tick)

| | | | | | | | |
|-------|--------------------------|---------|--------------------------|-------------|--------------------------|----------------------------|--------------------------|
| Roof: | <input type="checkbox"/> | Ground: | <input type="checkbox"/> | Plant Room: | <input type="checkbox"/> | Other: (please specify) | <input type="checkbox"/> |
|-------|--------------------------|---------|--------------------------|-------------|--------------------------|----------------------------|--------------------------|

Frequency of Operation (please tick)

| | | | | |
|---------|--------------------------|-----------------------------------|--------------------------|--|
| Annual: | <input type="checkbox"/> | Seasonal (please specify months): | <input type="checkbox"/> | |
|---------|--------------------------|-----------------------------------|--------------------------|--|



Maintenance of Cooling Water System (please tick)

Please indicate the maintenance regime utilised for the cooling water system

| | | | |
|--------------------------|---|--------------------------|--------------------------------|
| <input type="checkbox"/> | Section 2.5 of AS/NZS 3666.2; or | <input type="checkbox"/> | Section 3 of AS/NZS 3666.3; or |
| <input type="checkbox"/> | A program approved by the Minister (attach the approval as an appendix) | | |

Drift Eliminations (please tick)

| | | |
|---|-------------------------------|------------------------------|
| Is a drift eliminator fitted to the system? | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
|---|-------------------------------|------------------------------|

Automatic Biocide Dosing Devices (please tick)

| | | |
|---|-------------------------------|------------------------------|
| Is the cooling water system fitted with an automatic biocide dosing device? | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
|---|-------------------------------|------------------------------|

Decontamination Procedure (please tick)

Please indicate the decontamination procedure utilised for the cooling water system.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Prescribed decontamination procedure set out in Schedule 3 Part 1 of the <i>Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia</i> ; or |
| <input type="checkbox"/> | A decontamination procedure approved by the Minister (attach the approval as an appendix to this registration) |

SECTION 6: REGISTRATION FORM CHECKLIST

| | |
|--------------------------|--|
| <input type="checkbox"/> | Application type indicated |
| <input type="checkbox"/> | Site details |
| <input type="checkbox"/> | Business ownership details |
| <input type="checkbox"/> | Operation / Maintenance Contacts |
| <input type="checkbox"/> | Cooling water system plant identification form(s) <i>Please indicate number of forms:</i> _____ |
| <input type="checkbox"/> | Site Plan: (with attachment(s) where necessary) |
| <input type="checkbox"/> | System plans |

SECTION 7: APPLICANT DETAILS

| | | | |
|------------|--|----------------|--|
| Name: | | Position Title | |
| Signature: | | Date: | |

SECTION 8: OFFICE USE ONLY

| | | | |
|---------------------------|---|-----------------|--|
| Fee received: (amount) | | Receipt Number: | |
| Property Identification: | A | | |
| Date registered: | | | |
| Registration expiry date: | | | |
| Completed by: | | | |



SECTION 9: SITE PLAN

Please draw a site plan identifying the location of all cooling water system(s). Where necessary, please attached additional pages.



SECTION 10: SYSTEM PLANS

Please attach system plans showing:

- (a) for systems installed before 1 October 2009 - the location of all major components* of the system; and
- (b) in any other case - the location of all parts of the system

**major components of a high risk manufactured water system includes cooling towers, condensers, filtration devices, automatic biocide dosing devices, drift eliminators, water inlets, waste outlets and discharge points, water heating devices and water storage facilities.*