

REGISTRATION CHECKLIST

WHAT YOU NEED TO PROVIDE TO COUNCIL:

- Completed registration form and fee**
- Risk assessment by a *water systems professional* if there have been significant alterations/upgrade to any of the systems**
- Specifications of the maintenance program for the system, including water treatments and disinfection**
- Results of all water testing for each system for the previous 12 months including action arising from the results**
- A statement from a *water systems professional***
- A statement from the person responsible for the maintenance program**
- Written notification of any decommissioned cooling towers**



Glenorchy City Council
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ABN 19 753 252 493

Registration No. _____

TAX INVOICE

**COOLING TOWER/REGULATED SYSTEM
REGISTRATION APPLICATION
PUBLIC HEALTH ACT 1997**

PART A – TO BE COMPLETED BY APPLICANT (OWNER/OCCUPIER)

Applicant (organisation/business name): _____

ACN (if a Registered Company): _____

Postal address: _____

_____ **Postcode:** _____

Authorised Officer (person - full name): _____

Position Title: _____

Telephone: _____ **Mobile Phone:** _____

Facsimile: _____ **Email:** _____

DETAILS OF PREMISES WHERE REGULATED SYSTEM IS LOCATED OR COOLING TOWER OPERATED

Business Name: _____

Address of premises: _____

_____ **Postcode:** _____

Daytime contact person: _____

Telephone: _____ **Mobile Phone:** _____

Facsimile: _____ **Email:** _____

After hours contact person for access to premises: _____

Telephone: _____ **Mobile Phone:** _____

Number of regulated systems or cooling towers covered by this application: _____

PLEASE NOTE: A separate Part B form must be completed and attached for each regulated system or cooling tower

Signature of applicant _____ **Date** _____

PART B – TO BE COMPLETED BY APPLICANT

SYSTEM NUMBER OF

A separate Part B must be completed for EACH regulated system or cooling tower

LOCATION DETAILS

Business Name:

Street address:

Description of where system is located at the above address:

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Name of applicant for registration:

Signature of applicant Date

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 should comply with AS/NZS 3666.2.

SYSTEM DETAILS

- Warm water system
- Cooling tower associated with air conditioning
- Cooling tower associated with refrigeration plant or freezer
- Cooling tower associated with other industrial process or equipment cooling

System make/model:

Serial number:

Owners identifying number:

MAINTENANCE DETAILS

Are maintenance records available? YES NO

Are some aspects of operation and maintenance carried out by an external person or organisation?

YES NO

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

Operation

Name: Mobile Phone:

mechanical maintenance

Name: Mobile Phone:

chemical maintenance (incl. water treatment)

Name: Mobile Phone:

other

Name: Mobile Phone: