

# APPLICATION TO INSTALL A COOLING WATER SYSTEM

## LEGIONELLA CONTROL IN COOLING WATER SYSTEMS

### About this form

The *Public Health Regulation 2012* (the Regulation) requires occupiers to ensure that their local government authority is notified of the following changes to their cooling water system and warm water system: notification of installation (within one month), change of occupier (within one month), and any change in particulars (such as change in occupier, within seven days). Notification is also required for warm water systems installed in public hospitals, declared mental health facilities, private health facilities, and nursing homes.

This approved form must be completed in accordance with section 31 of the *Public Health Act 2010* and clause 13G, 13T, and 13Y of the *Public Health Regulation 2012* (the Regulation). Further information on the process and timeframe for notification is provided in the *NSW Guidelines for Legionella Control in Cooling Water Systems*, available at [www.health.nsw.gov.au/environment/legionellacontrol](http://www.health.nsw.gov.au/environment/legionellacontrol)

### Council Contact Details

#### Customer Service Centre

1 Pope Street Ryde, Ryde NSW

Post Locked Bag 2069, North Ryde NSW 1670

Email [cityofryde@ryde.nsw.gov.au](mailto:cityofryde@ryde.nsw.gov.au)

Phone (02) 9952 8222

## PART 1 : NOTIFICATION OF INSTALLATION OR CHANGE IN PARTICULARS

This notification relates to:      Installation      Change of occupier      Change in particulars

## PART 2 : NOTIFICATION OF INSTALLATION *Complete if relevant*

Cooling water system    or    Warm water system

Site address

Suburb

Postcode

Occupier name *The person or entity who owns the system*

Title                      Mr                      Mrs                      Ms                      Miss                      Other

Given Name

Family Name

Mobile

Phone

Email

Building manager name and contact details *The person who manages the system on behalf of the occupier*

Title                      Mr                      Mrs                      Ms                      Miss                      Other

Given Name

Family Name

Mobile

Phone

Email

Date of system installation

Location of system within premises

Number of cooling towers

Personal information collected from you is held and used by Council under the provisions of the *Privacy and Personal Information Protection Act 1998*. The supply of information is voluntary, however if you cannot provide, or do not wish to provide the information sought, Council may be unable to process your request. Please note that the exchange of information between the public and Council, may be accessed by others and could be made publicly available under the *Government Information Public Access Act 2009 (GIPA Act)*. If you require further information please contact Council's Customer Service Centre on 9952 8222.

### **PART 3 : NOTIFICATION OF CHANGE OF OCCUPIER** *Complete if relevant*

Cooling water system or Warm water system

Site address

Suburb

Postcode

Previous occupier name *The person or entity who owns the system*

Title Mr Mrs Ms Miss Other

Given Name

Family Name

Mobile

Phone

Email

New occupier name and contact details *The person or entity who will now own the system*

Title Mr Mrs Ms Miss Other

Given Name

Family Name

Mobile

Phone

Email

Date of system installation

Location of system within premises

Cooling water system details *Number of cooling towers, and unique identification number for each cooling tower*

### **PART 4 : NOTIFICATION OF CHANGE IN PARTICULARS** *Complete if relevant*

Cooling water system or Warm water system

Site address

Suburb

Postcode

Location of system within premises

Cooling water system details *Number of cooling towers, and unique identification number for each cooling tower*

**Change in particulars:**

- Change in occupier contact details
- Cooling tower(s) added to system
- Cooling towers(s) removed from system
- Warm water system type changed or modified
- System has been decommissioned

## PART 5 : DETAILS OF PERSON COMPLETING THE FORM

Title	Mr	Mrs	Ms	Miss	Other	
Given Name					Family Name	
Postal Address						
Suburb					Postcode	
Preferred contact	Mobile	Phone	Email			
Mobile					Phone	
Email						
Role of person completing the form						
Employer <i>Name of company or organisation</i>						
Signature of person completing the form					Date	

## PART 6 : DECLARATION

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

Name					
Signature					Date

### OFFICE USE ONLY

Receipt number	Amount paid	Date received
Name and position of receiving officer		
Notification received within required timeframe		
Action taken (date and time)		
Register of cooling water systems updated	Date	Time
Unique identification number(s) issued to occupier	Date	Time
Payment processed	Date	Time