

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

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

Phone (02) 9952 8222

PART 1 : NOTIFICATION OF INSTALLATION OR CHANGE IN PARTICULARS

This notification relates to:	Installation	Change of occupier	Change in particulars
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PART 2 : NOTIFICATION OF INSTALLATION *Complete if relevant*

Cooling water system		or	Warm water system		
Site address					
Suburb			Postcode		
Occupier name <i>The person or entity who owns the system</i>					
Title	Mr	Mrs	Ms	Miss	Other
Given Name			Family Name		
Mobile			Phone		
Email					
Building manager name and contact details <i>The person who manages the system on behalf of the occupier</i>					
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