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**Location:** 13 Smith Street, Longford  
**email:** health@nmc.tas.gov.au

<b>APPLICATION FOR REGISTRATION / RENEWAL OF REGULATED SYSTEM/S (COOLING TOWERS)</b>	Public Health Act 1997 Section 114
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Application for a New Registration of a Regulated System

Application for Renewal of a Registration of a Regulated System

<b>PART A</b> <b>TO BE COMPLETED BY APPLICANT (OWNER / OCCUPIER)</b>	
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<b>APPLICANT DETAILS:</b>	
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Name of Company/  
Individual:

Authorised Officer:

Position Title:

Postal address for  
correspondence:

Post Code:

If Company  
(Postal Address)  Phone No:

Mobile No:

Email address:  Fax No:

<b>DETAILS OF PREMISES WHERE REGULATED SYSTEM IS OPERATED:</b>	
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Business Name:

Address of  
Premises:

Post Code:

Daytime Contact  
Person:  Phone No:

Mobile No:

Email address:  Fax No:

After Hours  
Contact Person:  Phone No:

Mobile No:

Email address:  Fax No:

No of Regulated Systems covered by this application:

**Note:** ***A Separate Part C form must be completed for each regulated system and attached.***

**You must submit the following documentation with your application:**

- 1. Records of monthly Heterotrophic Colony Count water tests (cooling towers only)
- 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.

**APPLICATION FEE AND SIGNATURE:**

**FEE - \$116.00**

**Applicant:**

*Name: (Print)*

*Signed:*

*Date:*

**Receipt No:**

**Date Issued:**

<b>PART B</b> ( <i>TO BE COMPLETED BY COUNCIL</i> )	
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<b>CONDITIONS OF REGISTRATION:</b>	
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<b>DETAILS OF REGISTRATION:</b>	
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EHO:

<i>Name (Print)</i>	<i>Signed</i>	<i>Date</i>



**PART C**  
**(TO BE COMPLETED BY APPLICANT)**

**A separate Part C must be completed for EACH regulated system at the premises**

Business Name:

Address of Premises:

Post Code:

Description of where system is located at above address:

**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 or 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:**

<input type="checkbox"/> Operation:	
Phone Day:	Phone Night:
<input type="checkbox"/> Mechanical maintenance:	
Phone Day:	Phone Night:
<input type="checkbox"/> Chemical maintenance including water treatment:	
Phone Day:	Phone Night:
<input type="checkbox"/> Other:	
Phone Day:	Phone Night:

**PART C**  
**(TO BE COMPLETED BY APPLICANT)**

**A separate Part C must be completed for EACH regulated system at the premises**

Business Name:

Address of Premises:

Post Code:

Description of where system is located at above address:

**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.**

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Phone Day:	Phone Night:
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Phone Day:	Phone Night: