

WARM WATER SYSTEM REGISTRATION FORM



INFORMATION TO APPLICANT

About this Application Form

The *South Australian Public Health (Legionella) Regulations 2013* require the owner of premises on which a warm 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 warm 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 1 of the South Australian Public Health (Legionella) Regulations 2013* as follows:

For registration of 1 water system	\$44.00
For registration of each additional water system installed on the same premises	\$29.25
On application to an authority for 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.	

Cheques payable to the City of Port Adelaide Enfield, PO Box 110, Port Adelaide, 5015.

Changes Requiring Notification to the Local Council

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

Where to Find More Information

If you require assistance with registration or have any questions, please contact an Environmental Health Officer at the City of Port Adelaide Enfield on 8405 6600 or email service@cityofpae.sa.gov.au

REGISTRATION TYPE

New Application

☐ New Registration of Warm Water System(s)

Please indicate total number of systems to be registered with this system: _____

Existing Applications

☐ Renew Registration of Warm Water System(s)

☐ Modify Business Ownership Details and/or maintenance and operation contact details of existing Registration(s) of Warm Water System(s)

Please indicate the total number of systems already registered: _____

SITE DETAILS

Registered Business Name _____

ABN _____

Address _____

Trading Name of Premises _____

Site (Street) Address _____

Postal Address _____

Phone Number _____ Email _____

Description of Business Activities _____

Business Operating Hours _____

SITE OHS DETAILS

Is an induction required prior to entering the site?

If yes, how long does the induction generally take to complete

☐ 0-5 mins

☐ 5-10 mins

☐ 10-30 mins

☐ 30+ mins

Does your facility currently require a negative RAT test or proof of COVID vaccination to enter?

☐ Yes(RAT)

☐ Yes(PoV)

☐ Yes(Both)

☐ No

If yes, please detail requirements: _____

Any other safety considerations? _____

BUSINESS OWNERSHIP DETAILS

Name of Business Owner(s) _____

Business Street Address _____

Business Phone Number _____ Email _____

BUSINESS CONTACT DETAILS

Please provide details of the contact representing the business owner(s) in regards to this registration.

Name of Contact _____

Position/Title _____

Residential Address: _____

Contact Phone Number _____

Mobile Phone Number _____ Email _____

Additional After Hours Contact Name _____

Phone Number _____

OPERATION AND MAINTENANCE CONTACT DETAILS

Person/Company Responsible for Operation and Maintenance

☐ In-house ☐ Contractor

Name of Business _____

Name of Contact Person _____

Position/Title _____

Business Address

Street Address _____

Phone Number _____ Email _____

Residential Address

Street Address _____

Phone Number _____ Email _____

Additional After Hours Contact

Name _____ Phone _____

PLANT IDENTIFICATION

Please Note: Where there is more than one warm water system to be registered, you must complete a copy of this page for each system to be registered.

Type of Water Heating Device

Make/Brand of System

Model No.

System Common Name/Identification Number (e.g. system 1, cooling tower 1)

Features of System

Source of Water Heating:

☐ Gas

☐ Electric

☐ Other (please specify)

Water Storage or Instantaneous?

☐ Storage

☐ Instantaneous

Are there any temperature control devices installed with this system?

☐ Yes

☐ No

Location

Location of Areas Serviced by the Warm Water System

Decontamination Procedure

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

Either:

☐ Prescribed decontamination procedure set out in Schedule 3 Part 2 of the *Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia*, namely:

☐ Pasteurisation method, or

☐ Chlorination method

Or:

☐ Alternative decontamination procedure approved by the Minister for Health



REGISTRATION FORM CHECKLIST

To assist processing your application, please ensure that the following items have been completed and attached:

- ☐ Application Type Indicated
- ☐ Site Details
- ☐ Business Ownership Details
- ☐ Operation/Maintenance Contacts
- ☐ Warm Water system Plant Identification Form(s).

Please indicate number of forms: _____

APPLICANT DETAILS

Name of Person Submitting Registration Form

First Name _____ Surname _____

Position Title _____

Signature _____

Date _____

OFFICE USE ONLY (RC 363)

Fee Received _____

Receipt Number _____

Property Identification _____

Date Registered _____

Registration Expiry Date _____

To return this form, send all documents by email to service@cityofpae.sa.gov.au or lodge in person at the Civic Centre, 163 St Vincent Street, Port Adelaide.