

COOLING 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 cooling 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 cooling 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 cooling 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.

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 Cooling Water System(s)

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

Existing Applications

☐ Renew Registration of Cooling Water System(s)

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

Please indicate the total number of systems already registered: _____

SITE DETAILS

Registered Business Name _____

ABN _____

Site Address _____

Trading Name of Premises _____

Site (Street) Address _____

Postal Address _____

Phone Number _____ Email _____

Description of Business Activities _____

Business Operating Hours _____

SITE OHS DETAILS

1. Tower is located on:

☐ Ground Level ☐ Elevated Approx. height _____

2. Is a ladder, scaffolding/other apparatus (means for height access) required to access the tower?

☐ Yes ☐ No

3. If Yes to Q 2:

(a) Is the means for height access:

☐ Permanently affixed ☐ Temporary

(b) Has it been safety checked?

☐ Yes (provide evidence)

☐ No

4. Is an induction required prior to entering the site?

☐ Yes

☐ No

5. If yes to Q.4 , how long does the induction generally take to complete

☐ 0–5 mins

☐ 5–10 mins

☐ 10–30 mins

☐ 30+ mins

6. 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:

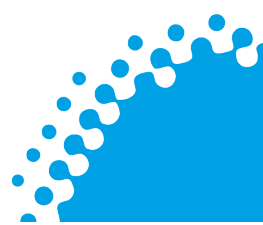
Contact Phone Number

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 cooling water system to be registered, you must complete a copy of this page for each system to be registered.

1. Plant Identification

Make/Brand of System

Model No.

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

2. Type of Cooling Water of System

Source of Water Heating:

☐ Cooling Tower

☐ Evaporative Condenser

☐ Other (please specify)

3. Application of Cooling Water of System

Application of cooling tower/evaporative condenser

☐ Air Handling

☐ Process Cooling

☐ Other (please specify)

If there are multiple systems, please detail this on the site plan (over the page).

4. Location of Cooling Water of System

☐ Roof ☐ Ground ☐ Plant Room

☐ Other (please specify) _____

5. Frequency of Operation

☐ Annual

☐ Seasonal (please specify months) _____

6. Maintenance of Cooling Water System

Please indicate the maintenance regime utilised for the cooling water system.

☐ Section 2.5 of AS/NZS 3666.2 or

☐ Section 3 of AS/NZS 3666.3 or

☐ A program approved by the Minister (attach the approval as an appendix to this registration)

7. Drift Eliminators

Is a drift eliminator fitted to the system?

☐ Yes

☐ No

8. Automatic Biocide Dosing Devices

Is the cooling water system fitted with an automatic biocide dosing device?

☐ Yes

☐ No

9. Decontamination Procedure

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

☐ Prescribed decontamination procedure set out in Schedule 3 Part 1 of the *Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia*, or

☐ A decontamination procedure approved by the Minister (attach the approval as an appendix to this registration)

SITE PLAN

If you are submitting a hard copy of this form, please draw a site plan in the box below, identifying the location of all cooling water system(s). If you are submitting a digital form, please attach a copy of the site plan when you submit your form to service@cityofpae.sa.gov.au. Where necessary, please attach additional pages.

REGISTRATION FORM CHECKLIST

To assist in 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
- ☐ Cooling Water system Plant Identification Form(s).

Please indicate number of forms: _____

- ☐ Site Plan (with attachment(s) where necessary)

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.