

Civic Centre: 158 Russell Street Correspondence: Private Mail Bag 17 BATHURST NSW 2795 Telephone 02 6333 6111 Facsimile 02 6331 7211 council@bathurst.nsw.gov.au www.bathurst.nsw.gov.au

OFFICE USE ONLY

## WARM WATER AND WATER COOLING SYSTEM REGISTRATION

Public Health Act 2010 and the Public Health Regulation 2012

The Public Health Act 2010 (the Act) and the Public Health Regulation 2012 (the Regulation) require the owner of premises on which a 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 and water cooling system(s) and must be completed in its entirety.

Date:	Authority No:							
Section 1	Registration type – Notification to Council must be made within one month after commissioning or decommissioning or if there are any changes to ownership or contact details							
New application								
☐ Ne	ew registration							
Existing registrat	<u>ions:</u>							
☐ Mo	odify business ownership (occupier) details.							
	odify contact details of existing registrations ECOMMISSIONED							
= -	her:							
Section 2	Site details – Address of premises on which the system is installed							
Complex Name:								
Site Address:								
	Suburb State P/Code							
Section 3	Property owner details							
	Property owner details							
Contact name(s)								
Contact name(s)  Business Name:								
Contact name(s)  Business Name:  Postal Address:								
Contact name(s)  Business Name:								
Contact name(s)  Business Name:  Postal Address:  Residential:	Suburb: State: P/Code:							
Contact name(s)  Business Name:  Postal Address:								
Contact name(s)  Business Name:  Postal Address:  Residential:	Suburb: State: P/Code:							
Contact name(s)  Business Name:  Postal Address:  Residential:	Suburb: State: P/Code: Phone:							
Contact name(s)  Business Name:  Postal Address:  Residential:  Contact Nos:	Suburb: State: P/Code: Phone: A/Hours:							
Contact name(s)  Business Name:  Postal Address:  Residential:  Contact Nos:	Suburb: State: P/Code: Phone: A/Hours:							
Contact name(s)  Business Name:  Postal Address:  Residential:	Suburb: State: P/Code: Phone:							
Contact name(s)  Business Name:  Postal Address:  Residential:  Contact Nos:	Suburb: State: P/Code Phone:							

Section 4	Occupier details (if same as property owner please write 'as above")							
Contact name(s)								
Rusiness Name								
Residential:								
	Suburb:		State:		P/Code:			
Contact Nos:	Phone:							
	A/Hours:							
Email address:								
ABN No:								
ACN No:								
Business operati	ng hours:							
Section 5	<b>Emergency contact</b>	details						
Name of EMERO	GENCY contact represe	enting business	in regard to this re	egistration				
Name of contact:								
Position/title								
Contact Nos:	Bus:	Ho	me:	Mc	bbile:			
Email address:								
	hours contact name a							
-	act Name (s):							
Position/title:								
	.Bus:	Но	ome:	M	obile:			
Email address:								
Section 6	Maintenance							
Do you have:								
1. Maintenance	e manuals (required)	□ Y	'ES		NO			
	nanuals (required) mergency shutdown)	□ Y	ΈS		NO			
Maintenance Co	ontractor							
Name:								
Contact Nos:	Phone:		A/Hc	ours:				
Postal Address:			7,4110					
	Suburb		State		P/Code			

## Please indicate total number of systems to be registered: PLEASE COMPLETE FOLLOWING PAGE(S) – THERE IS A SHEET FOR (a) WATER COOLING SYSTEMS (SECTION 8); AND (b) WARM WATER SYSTEMS (SECTION 8A) Photocopies of the following page are acceptable if there is more than one system A site plan to accompany this form.

The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.

Section 8 System identification - Water cooling units. Where there is more than one system please photocopy this page and complete for each system **WATER COOLING** Type of water cooling system Air conditioning Air handling Cooling tower Evaporative cooling Humidifying Refrigerated Water cooling Other Location of system Please include site plan (if applicable) Roof Ground Plant room Other ...... Frequency of operation Annual Seasonal (please specify months) Plant identification Make/brand: Model No: Serial No: Site location: System common name/identification number (eg system 1; cooling tower 1) ...... Checklist A risk assessment has been prepared for this system and notified to Council YES NO A certificate of audit completion has been provided to Council by the occupier (in accordance with clause 130(7) of the regulation) for each system YES NO 

**System identification** – **Warm water units** Where there is more than one system please photocopy this page and <u>complete for each system</u> Section 8A WARM WATER Type of warm water system

Type of Waltin Water System									
☐ Hot wate	er / Thermostatic Mixing Valve								
Other .									
Features of sy	stem								
Source of heati	ng 🗆	] Gas		Electric			Other		
Water storage or instanteous?				Storage			Instant		
Are there any temperature control devices installed with this system:									
Location									
Location of areas serviced by the warm water system									
Plant identifica	ation								
Make/brand:									
Model No:									
Serial No:									
Site location:									
System common name/identification number (eg system 1; cooling tower 1)									