

# WARM WATER SYSTEM REGISTRATION FORM



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## 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 are prescribed in *Schedule 2 of the SA Public Health (Legionella) Regulations 2013*, as follows:

For registration of 1 warm water system	\$37.75
For registration of each additional warm water system installed on the same premise	\$25.25
On application to an authority for renewal of registration of a high risk manufactured water system (per system)	\$19.00

Please note: These fees do not include inspection fees; testing fees and applications to the minister.

### **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 Authority 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 premise on which the system is installed must notify the Authority of the decommissioning within 1 month after the event.

### **Where to find more information**

#### **Eastern Health Authority**

Should you require assistance with registration or have any questions please contact an Environmental Health Officer on 8132 3600

# WARM WATER SYSTEM REGISTRATION FORM

## REGISTRATION TYPE

New Application:

New Registration of Warm Water System(s)

Please indicate the total number of systems to be registered with this application \_\_\_\_\_

Existing Registrations:

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 \_\_\_\_\_

\_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

Description of Business Activities \_\_\_\_\_

\_\_\_\_\_

Business Operating Hours \_\_\_\_\_

## BUSINESS OWNERSHIP DETAILS

### Name of Business Owner(s)

Name of Business Owner(s) \_\_\_\_\_  
\_\_\_\_\_

### Business Address

Street Address \_\_\_\_\_  
\_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

### *Name of business contact, representing business owner(s), in regards to this registration.*

Name of Contact \_\_\_\_\_

Position/Title \_\_\_\_\_

### Residential Address

Street Address \_\_\_\_\_  
\_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mob \_\_\_\_\_

**Additional after hours contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

## OPERATION & MAINTENANCE CONTACT DETAILS

**Person/company responsible for operation & maintenance**  In-house  Contractor

Name of Business \_\_\_\_\_

### Name of the Contact Person

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

### Business Address

Street Address \_\_\_\_\_  
\_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mob \_\_\_\_\_

### Residential Address

Street Address \_\_\_\_\_  
\_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

**Additional after hours contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

# PLANT IDENTIFICATION FORM

**Please Note:** Where there is more than 1 warm water system to be registered, you must photo copy this page and complete it for each system to be registered.

## 1 Type of water heating device

Make/brand of system \_\_\_\_\_

Model No. \_\_\_\_\_

System Common name/Identification No.(e.g floor 1; warm water system 1) \_\_\_\_\_

## 2 Features of System

Source of water heating  Gas  Electric

Other, please specify \_\_\_\_\_

Water storage or instantaneous?  Storage  Instant

Are there any temperature control devices installed with this system?  Yes  No

## 3 Location

Location of areas serviced by the warm water system:

\_\_\_\_\_

## 4 Decontamination Procedure

Please indicate the decontamination procedure utilised for the warm water system

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**

Fee received: *(Receipt number and amount)* \_\_\_\_\_  
Property Identification: \_\_\_\_\_  
Date registered: \_\_\_\_\_  
Registration expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed  ____/____/____
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