

Warm Water System Registration Form

INFORMATION TO APPLICANT

About this Application Form

The *South Australian Public Health Act 2011* 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 Act (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 the *South Australian Public Health (Fees) Regulations (under the South Australian Public Health Act 2011)*.

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

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 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

Should you require assistance with registration or have any questions please contact the Roxby Council on (08) 8671 0010.

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 Number: _____

Email: _____

Description of Business Activities: _____

Business Operating Hours: _____

BUSINESS OWNERSHIP DETAILS

BUSINESS OWNER(S)

Name of Business Owner(s): _____

BUSINESS ADDRESS

Street Address: _____

Contact Number: _____

Email: _____

NAME OF BUSINESS CONTACT, REPRESENTING BUSINESS OWNER(S), IN REGARD TO THIS REGISTRATION

Name of Contact: _____

Position/Title: _____

RESIDENTIAL ADDRESS

Street Address: _____

CONTACT DETAILS

Contact Number: _____

Email: _____

Mobile: _____

ADDITIONAL AFTER-HOURS CONTACT

Name: _____

Phone: _____

OPERATION & MAINTENANCE CONTACT DETAILS

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

Name of Business: _____

CONTACT PERSON

Name: _____

Position/Title: _____

BUSINESS ADDRESS

Address: _____

CONTACT DETAILS

Phone: _____

Email: _____

Mobile: _____

RESIDENTIAL ADDRESS

Address: _____

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 photocopy 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: _____
(eg. 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
_____ / _____ / _____