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APPLICATION FOR WARM WATER SYSTEM	SF020d
	Responsible Officer: EHO
	Issue Date: 13/05/2020
	Next Review Date: 13/05/2023

Annual Registration Form

Information to Applicant

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.

Registration/Registration Renewal

Registration/registration renewal fees payable to the Local Council are prescribed in *Schedule 2* of the *South Australian Public Health (Legionella) Regulations 2013*.

The 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 with 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

Local council

Should you require assistance with registration or have any questions, please contact the Yorke Peninsula Council on 8852 0000 and ask to speak with an Environmental Health Officer.

Warm Water System

Annual Registration Form

Registration Type

Please indicate the total number of systems at your business _____

Site Details

Registered Business Name

Address

Trading name of premises

Site (Street) Address

Postal Address

Contact Phone _____

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 _____ Mobile

Email

Additional after hours contact: Name _____ Phone

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

Name of contact

Position Title

Contact Phone _____ Mobile

Email

Additional after hours contact: Name _____ Phone _____

Operation and Maintenance Contact Details

Person/Company responsible for regular in house maintenance and checking of system

Name

Position/Title

Business Address

Contact Phone _____ Mob

Email

Additional after hours contact: Name _____ Phone

Person/Company* responsible for annual auditing of system

Business Name

Business Address

Contact person

Position/Title

Contact Phone _____ Mob

Additional after hours contact: Name _____ Phone

*cannot be the same as in house maintenance company/person

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.

Type of water heating device

Make/brand of system

Model No

System Common Name/ Identification No (eg East Wing; warm water system 1)

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

If yes please give location and type of device

Location

Location of areas serviced by the warm water system:

Decontamination Procedure

Please indicate the decontamination procedure utilized 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

Chlorination or

- Alternative decontamination procedure approved by the Minister for Health

Annual Audit/Compliance Inspection

Have you booked your inspection?

Yes No

If **yes** please give date inspection was done/is to be done _____

If **no** please state what arrangement is being made to have the compliance inspection done.

If the inspection has been completed has the report from inspection been received by your business?

Yes No

Has a copy been sent to the Environmental Health Officer at the Local Council?

Yes No

Please ensure that a copy of the report is sent to the Council once it has been received by your business, this is a legislative requirement.

Applicant Details

Name of person submitting registration form

First name _____ Surname _____

Position Title

Signature _____ Date _____