

## APPLICATION FOR WARM WATER SYSTEM

SF020d

Responsible Officer: EHO

Issue Date: 25/01/2024

Next Review Date: January 2028

### 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, microbial 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

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Address

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Trading name of premises

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Site (Street) Address

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Postal Address

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Contact Phone \_\_\_\_\_

Description of business Activities

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

## **Business Ownership Details**

### **Name of Business Owner(s)**

Name of Business Owner(s)

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### **Business Address**

Street Address

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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

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Position Title

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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

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Position/Title

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Business Address

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Contact Phone \_\_\_\_\_ Mob \_\_\_\_\_

Email \_\_\_\_\_

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

Person/Company\* responsible for annual auditing of system

Business Name

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Business Address \_\_\_\_\_

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Contact person

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Position/Title

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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 photo copy 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)

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### 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

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### Location

Location of areas serviced by the warm water system:

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### 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 advise on the following:

- Date inspection was done/is to be done: \_\_\_\_\_
- Who has conducted/will be conducting the audit/inspection: \_\_\_\_\_  
\_\_\_\_\_
- Has (or will) the auditor/inspector arranged for microbial testing from a NATA accredited laboratory, to determine the presence and number of colony forming units of Legionella in the water?  
  
Yes ☐ No ☐

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

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If the inspection/audit has been completed has the inspection/audit report and microbial test results 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 and microbial testing is sent to the Council once it has been received by your business, this is a legislative requirement.

Yes ☐ No ☐

## Applicant Details

Name of person submitting registration form

First name \_\_\_\_\_ Surname \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_