



<b>APPLICATION FOR WARM WATER SYSTEM</b>	SF020d
	Responsible Officer: EHO
	Issue Date: 06/06/2014
	Next Review Date: December 2016

## 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 Fees**

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

For registration of 1 system	\$35.75
For registration of each additional system installed on the same premises	\$23.90
On application to the authority for renewal of registration of a high risk manufactured water system (for each system).	\$17.90

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 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 0200 and ask to speak with an Environmental Health Officer.

**The fee applicable to this application is \$ 17.90 (per system) Annual Registration Renewal.**

Please make cheques payable to the Yorke Peninsula Council.

# 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 \_\_\_\_\_

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 for 2016?

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 \_\_\_\_\_