



Regulated Systems Application

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Burnie City Council

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Application for: **Registration** of Regulated System
 Renewal of Registration of Regulated System

**Public Health Act 1997
Section 114 & 121**

Applicant Details			
Full Name of Applicant:			
ABN: <i>(if a registered Company)</i>		or Date of Birth: <i>(individual or sole trader)</i>	
Postal Address:			Postcode:
Phone:		Mobile:	
Email:			

I/We consent for all correspondence relating to this registration to be delivered electronically to the above email address: **YES** **NO**

Address Where Regulated System(s) is Located			
Name of Business:			
Name depicted on the street frontage of the premises			
Address of business:			Postcode:
Postal Address: <i>(for correspondence)</i>			Postcode:
After hours Emergency access Contact Name		Phone:	
The total number of cooling towers on the premises			
The total number of warm water systems on the premises			
Details of premises where regulated system is located or cooling tower is operated			

Signature + Fee			
Application Fee (2020-21) \$141 <i>(GST free)</i>			
Signature:		Date:	

Please lodge your completed application form and application fee at the Council Office. Current fees are listed on www.burnie.net

Office Use Only	Receipt No:	Amount	Date:

Privacy Statement

1. Council is committed to upholding your right to privacy. 2. Personal information collected by Burnie City Council is used in the provision of services. 3. Information collected will be retained confidentially and disposed of in accordance with requirements of the Personal Information Protection Act 2004. 4. You have the right to access your own personal information on request.

The following details must be provided for each cooling tower or warm water system on the premises.

Please attach additional pages, if necessary.

Location Details			
Business Name:			
Street address:			Postcode:
Description of where system is located at above address:			

System Details	
System Type:	<input type="checkbox"/> Cooling tower , <input type="checkbox"/> Warm water system
System make / model	
Serial number	
Owners identifying number	

Documents to be Attached
<input type="checkbox"/> *Risk assessment for the system, OR <input type="checkbox"/> *Risk assessment previously provided remains current and there have been no significant modifications to the system.
<input type="checkbox"/> Water testing results, if carried out. <input type="checkbox"/> Maintenance specifications and certification of completion
<input type="checkbox"/> *Certification of the disinfection process <input type="checkbox"/> *Details of water treatment processes.
<p><i>*These items do not apply to warm water systems.</i></p> <p>Note: The <i>Guidelines for the Control of Legionella in Regulated Systems 2012</i> set out important requirements for operation of certain regulated systems. You should refer to the Guidelines for details.</p>