

Approved form AF2002-244

Approved by the General Manager of the Health Protection Service
on 6.12.2002 under the

Public Health Act 1997, s137A

Public Health Act 1997—Form CT4

(see s56L)

Australian Capital Territory

Cooling Tower and Warm Water Registration Change of Information Form

(See attached Cooling Tower and Warm Water Registration Change
of Information Form)

Health Protection Service

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COOLING TOWER OR WARM WATER REGISTRATION CHANGE OF INFORMATION FORM

Section 56L *Public Health Act 1997*

Regist. No:

File No:

Please complete this form, sign it and return it.

Section 1 Conditions of Information Change

- This application must be signed by the current registered person; and
- The original registration certificate must be submitted with this change of information application.

If these conditions cannot be met, please complete a new application form.

Section 2 Type of Change

- | | | | | | | | | |
|-------------------|--------------------------|-----------|-------------------|--------------------------|------------|-------------------|--------------------------|------------|
| Registered Person | <input type="checkbox"/> | Section 3 | System Location | <input type="checkbox"/> | Section 4 | Contact Details | <input type="checkbox"/> | Section 5 |
| Postal Details | <input type="checkbox"/> | Section 6 | Equipment Details | <input type="checkbox"/> | Section 7 | Premises Owner | <input type="checkbox"/> | Section 8 |
| Premises Manager | <input type="checkbox"/> | Section 9 | Equipment Owner | <input type="checkbox"/> | Section 10 | Equipment Manager | <input type="checkbox"/> | Section 11 |

Section 3 Registered Person/Company Details

You cannot vary the Registered Person using this form. Please complete a Transfer Form or a new Application. These forms are available from the Health Protection Service.

Section 4 Location of Registered System

You cannot vary the location of the cooling tower or warm water storage system. You must complete a new Application. This form is available from the Health Protection Service.

Section 5 Contact Details

1 Contact Details for the Registered Person/Company

Contact Person		
After Hrs	Phone	Mobile
Fax	Email	

Section 6 Postal Details

2 Postal Address for Registration Correspondence

Suburb	State	Postcode

Section 7 Equipment Details

3 Cooling tower or warm water storage system details

Name of Manufacturer	Model No.
Year of Manufacture	Serial No.

4 Have you made any other significant modification to the cooling tower or warm water storage system?

Yes No

Note:

- A cooling tower that comprises a water loop may be considered to be more than one cooling tower.
- On making a significant modification to the cooling tower or warm water storage system, you must submit a practicing engineer's certificate certifying the cooling towers or warm water storage systems compliance to the *ACT Cooling Tower and Warm Water Storage System Code of Practice* with this Change of Information Form.

Section 8 Premises Owner

5 Person/Company who owns the premises where the cooling tower or warm water system is located

Name

6 Contact Details (for administrative purposes)

Contact Person	E-Mail	
Phone	Fax	Mobile

7 Physical Address

Shop No	Property Name
Street No	Street
Suburb	Postcode

8 Postal Address

Suburb	State	Postcode
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9 Does a Commonwealth Agency own the Cooling Tower or Warm Water Storage System? Yes No

Section 9 Premises Manager

10 Person/Company who manages the premises where the cooling tower or warm water system is located

Company
Name

11 Premises Manager's Contact Details (for administrative purposes)

Contact Person	E-Mail	
Phone	Fax	Mobile

12 Premises Manager's Address

Shop No	Property Name
Street No	Street
Suburb	Postcode

13 Premises Manager's Postal Address

Suburb	State	Postcode
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Section 10 Equipment Owner

14 Person/Company who owns the cooling tower or warm water system

Company
Name

15 Equipment Owner's Contact Details (for administrative purposes)

Contact Person	E-Mail	
Phone	Fax	Mobile

16 Equipment Owner's Address

Shop No	Property Name
Street No	Street
Suburb	Postcode

17 Equipment Owner's Postal Address

Suburb	State	Postcode
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Suburb	State	Postcode
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Section 11 Equipment Manager

18 Person/Company who manages the cooling tower or warm water system

Company
Name

19 Equipment Manager's Contact Details (for administrative purposes)

Contact Person	E-Mail	
Phone	Fax	Mobile

20 Equipment Manager's Address

Shop No	Property Name
Street No	Street
Suburb	Postcode

21 Equipment Manager's Postal Address

Suburb	State	Postcode

Section 12 Declaration

I declare that all the information supplied on this form is true and correct and the necessary records and / or documentation exist to support this application.

Signature of Registered Person/Company _____

Print Name _____

Date _____
Position _____
Title _____

OFFICE USE ONLY

Change of Information Approved

Yes No

Conditions

Yes No

Officer's Signature _____

Date _____