HIGH RISK MANUFACTURED WATER SYSTEM (HRMWS) REGISTRATION FORM

INFORMATION TO APPLICANT

About this Application Form

The *South Australian Public Health (Legionella) Regulations 2013* require the owner of premises on which a high risk manufactured water system (HRMWS) is installed to ensure the system is registered with the Local Council in which the premises are situated.

This form is designed for the mandatory registration of cooling water system(s) and warm water system(s) under Section 5 of the above regulations and must be completed in its entirety. Failure to register or renew a HRMWS is an offence, and fines may be imposed for non-compliance.

There are a number of mandatory requirements related to the registration of high risk manufactured water system(s), including the following:

- Registration remains in force for a period of 12 months after which the applicant must renew the registration to the authority and pay the relevant fee.
- The owner of premises on which a HRMWS registered with Wakefield Regional Council is installed, must within 1 month after any change in the particulars registered in relation to the system, notify Council of the change.
- If a HRMWS registered with Council is decommissioned, the owner of the premise on which the system is installed must notify Council of the decommissioning within 1 month after the event.

Registration / Registration Renewal Fees

For information on fees and charges please refer to:

https://www.wrc.sa.gov.au/__data/assets/pdf_file/0026/1051388/Fees-and-Charges-Register-24-25.pdf#1051388

Where to find more information

Should you require assistance with registration or have any questions, please contact Wakefield Regional Council's Environmental Health Officer on (08) 8862 0800 or email admin@wrc.sa.gov.au during business hours.

HIGH RISK MANUFACTURED WATER SYSTEM (HRMWS) REGISTRATION FORM

REGISTRATION TYPE

New Application:

☐ New registration of HRMWS

Please indicate the total number of systems to be registered with this application_____

Existing Registrations:

☐ Renew registration of HRMWS

☐ Modify business ownership details and/or maintenance and operation contact details of existing registration(s) of HRMWS(s)

Please indicate the total number of systems already registered _____

SITE DETAILS

Registered Business Name_____

ABN_____

Address _____

_____

Trading Name of Premises _____

Site (Street) Address _____

_____

Postal Address _____

_____

Contact Phone _____ Fax _____

Description of Business Activities _____

_____

_____

Business Operating Hours _____

Scotland Place | PO Box 167
Balaklava SA 5461

Ph 08 8862 0800

admin@wrc.sa.gov.au
www.wrc.sa.gov.au

HIGH RISK MANUFACTURED WATER SYSTEM (HRMWS) REGISTRATION FORM

WAKEFIELD REGIONAL COUNCIL

BUSINESS OWNERSHIP DETAILS

Name of Business Owner(s) _____

_____

Business Address

Street Address _____

Contact Phone _____ Fax _____

Name of Business Contact (representing business owner(s) in regards to this registration)

Name of Contact _____

Position / Title _____

Residential Address

Street Address _____

Contact Phone _____ Fax _____

Email _____ Mobile _____

Additional After Hours Contact: Name _____ Phone _____

OPERATION & MAINTENANCE CONTACT DETAILS

Person/Company Responsible for Operation & Maintenance ☐ In-house ☐ Contractor

Name of Business _____

Name of Contact Person

Name _____

Position / Title _____

Business Address

Street Address _____

Contact Phone _____ Fax _____

Email _____ Mobile _____

Residential Address

Street Address _____

Contact Phone _____ Fax _____

Additional After Hours Contact: Name _____ Phone _____

HIGH RISK MANUFACTURED WATER SYSTEM (HRMWS) REGISTRATION FORM

WAKEFIELD REGIONAL COUNCIL

PLANT IDENTIFICATION FORM (COOLING WATER SYSTEM)

Please Note: Where there is more than 1 cooling water system to be registered, you must photo copy this page and complete for each system to be registered.

1. Plant Identification

Make/Brand_____

Model No._____

System Common Name / Identification No. (e.g. system 1; cooling tower 1) _____

2. Type of Cooling Water System

☐ Cooling Tower ☐ Evaporative Condenser ☐ Other_____

3. Application of Cooling Water System

Application of cooling tower / evaporative condenser: ☐ Air handling ☐ Process cooling

☐ Other, please specify _____

(if there are multiple systems, please detail this on the site plan (over page)

4. Location of Cooling Water System

Location: ☐ Roof ☐ Ground ☐ Plant Room ☐ Other, please specify_____

5. Frequency of Operation

☐ Ongoing ☐ Annual ☐ Seasonal (please specify months) _____

6. Maintenance of Cooling Water System

Please indicate the maintenance regime utilised for the cooling water system

☐ Section 2.5 of AS/NZS 3666.2; or ☐ Section 3 of AS/NZS 3666.3; or

☐ A maintenance program approved by the Minister (attach the approval as an appendix to this registration)

7. Drift Eliminators

Is a drift eliminator fitted to the system? ☐ Yes ☐ No

8. Automatic Biocide Dosing Devices

Is the cooling water system fitted with an automatic biocide dosing device? ☐ Yes ☐ No

9. Decontamination Procedure

Please indicate the decontamination procedure utilised for the cooling water system

☐ Prescribed decontamination procedure set out in Schedule 3 Part 1 of the Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia; or

☐ A decontamination procedure approved by the Minister (attach the approval as an appendix to this registration)

HIGH RISK MANUFACTURED WATER SYSTEM (HRMWS) REGISTRATION FORM

WAKEFIELD REGIONAL COUNCIL

PLANT IDENTIFICATION FORM (WARM WATER SYSTEM)

Please note: Where there is more than 1 warm water system to be registered, you must photocopy this page and complete for each system to be registered.

1 Type of Water Heating Device

Make / Brand of System _____

Model No _____

System Common Name / Identification No. (e.g. floor 1; warm water system 1)

2 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

3 Location

Location of system and areas serviced by the warm water system:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

4 Decontamination Procedure

Please indicate the decontamination procedure utilised 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 method; or
- ☐ Chlorination method; or

☐ Alternative decontamination procedure approved by the Minister

HIGH RISK MANUFACTURED WATER SYSTEM (HRMWS) REGISTRATION FORM

WAKEFIELD REGIONAL COUNCIL

SITE PLAN

Please provide the following details on a site map (on A4 or A3-sized paper) and attach it to the completed Licence Registration Form:

1) The location of the buildings where the system/s are installed including relevant surrounding streets or buildings;

2) The location of the system installation inside the building;

3) The location of other required areas during the inspection (i.e. maintenance office, plant room or head office to report for inspection);

4) A directional reference of North.

If multiple systems are installed at the premises, ensure the different systems are able to be easily identified on the site plan.

HIGH RISK MANUFACTURED WATER SYSTEM (HRMWS) REGISTRATION FORM

WAKEFIELD REGIONAL COUNCIL

REGISTRATION FORM CHECKLIST

To assist processing your application, please ensure that the following items have been completed and attached:

☐ Application type indicated

☐ Site details

☐ Business ownership details

☐ Operation / maintenance contacts

☐ Cooling water system plant identification form(s); Please indicate number of forms: _____

☐ Warm water system plant identification form(s); Please indicate number of forms: _____

☐ Site plan with attachment(s) where necessary

APPLICANT DETAILS

Name of Person Submitting Registration Form

First name_____ Surname _____

Position title _____

Signature_____ Date____/____/_____

Office Use Only

Fee received: *(Receipt No.& amount)* _____

Property Identification: _____

Date registered: _____

Registration expiry date: ____/____/____

Completed

____/____/____

Scotland Place | PO Box 167
Balaklava SA 5461

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