CITY OF MITCHAM

WARM WATER SYSTEM

REGISTRATION FORM 2022-23

INFORMATION TO APPLICANT

About this Application Form

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. This form is designed for the mandatory registration of warm water system(s) under the *South Australian Public Health (Legionella) Regulations 2013* and must be completed in its entirety.

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 warm water system	$44.00
For registration of each additional warm water system installed on the same premises	$29.25
On application to an authority for renewal of registration of a high risk manufactured water system (per system)	$22.20

Please note: 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 to 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 premise 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 your Local Council Environmental Health Officer at the City of Mitcham on 8372 8816.

Useful References

- Guidelines for the Control of Legionella in Manufactured Water Systems in SA 2008.
- AS/NZS 3666 – Air-handling and Water Systems for Buildings – Microbial Control.
    - AS/NZS 3666.1 : 2002, Part 1 : Design, Installation and Commissioning
    - AS/NZS 3666.2 : 2002, Part 2 : Operation and Maintenance
    - AS 4032: Water supply – Valves for the control of hot water supply temperatures

WARM WATER SYSTEM

REGISTRATION FORM

REGISTRATION TYPE

New Application:

☐ New Registration of Warm Water System(s)

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

Existing Registrations:

☐ Renew Registration of Warm Water System(s)

☐ Modify business ownership details and/or maintenance and operation contact details of existing Registration(s) of Warm Water System(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

_____

Office Use Only

Fee received: *Amount :$*_____ *Receipt Number:*_____ *Date:* ____/____/____

Date Registration received: ____/____/____ Registration expiry date: ____/____/____

Authority Register updated:_____ (Officer Initial)

BUSINESS OWNERSHIP DETAILS

Name of Business Owner(s)

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 _____ Mob

Additional after hours contact: Name_____Phone_____

OPERATION & MAINTENANCE CONTACT DETAILS

Person/company responsible for operation & maintenance ☐ In-house ☐ Contractor

Name of Business

_____

Name of the Contact Person

Name

_____

Position/Title

_____

Business Address

Street Address

_____

_____

Contact phone _____ Fax_____

Email _____ Mob_____

Residential Address

Street Address

_____
_____

_____
_____

Contact phone_____ Fax
_____

Additional after hours contact: Name_____Phone_____

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.

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 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 for Health

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

☐ Warm Water System Plant Identification form (s)

*Please indicate number of forms:*_____

APPLICANT DETAILS

Name of person submitting registration form

First name_____Surname_____

Position title _____

I am /am not able to make statements on behalf of _____(business name)

Signature_____ Date___/___/_____