### 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

Howard Florey Centenary House, 25 Mulley Street, Holder ACT 2611 Locked Bag 5, Weston Creek ACT 2611

Ph: 62051700 Fax: 62051705 **ABN 88 407 290 295** 



## COOLING TOWER OR WARM WATER REGISTRATION CHANGE OF INFORMATION FORM

		Sec	tion 56L <i>Publi</i> c	Health Ac	1997	7	
Regist. No:			File	No:			
Please complete this f							
Section 1 Cond	ditions of Info	rmation	Change				
This applica	ation must be sig	ned by th	ne current regis	stered perso	n; and	d	
The original	l registration cer	tificate m	ust be submitte	ed with this	chanç	ge of information applic	ation.
If these conditions	-	please co	omplete a new a	application t	form.		
Section 2 Type	of Change						
Registered Person	☐ Section 3	Syst	System Location		Contact Details	☐ Section 5	
Postal Details	☐ Section 6	Equ	ipment Details	☐ Section	on 7	Premises Owner	☐ Section 8
Premises Manager	☐ Section 9	Equ	ipment Owner	☐ Section	n 10	Equipment Manage	r  Section 11
Section 3 Regi	stered Persor	/Comp	any Details				
Value cannot yen, the	Desistered Dere	an uning t	hio form Dlogge	o complete a	Trono	for Form or a naw Applies	ation Those
forms are available				e complete a	Trans	fer Form or a new Applica	ation. These
_							
Section 4 Loca	ition of Regist	ered Sy	/stem				
You cannot vary the	e location of the co	olina tow	er or warm wate	r storage svs	tem. `	You must complete a nev	Application.
This form is availab						F	11
Section 5 Cont	reet Deteile						
	ils for the Regist	orod Por	son/Company				
Contact Person	ins for the regist	crear cr	3011/00111pariy				
After Hrs		Phone			Mob	pile	
Fax			Email				
Tux			Linuii				
Section 6 Post	al Details						
2 Postal Addre	ss for Registration	on Corre	spondence				
Suburb			State	F	ostcod	е	
Section 7 Equi	nment Details						
<u> </u>	er or warm water		svetem details				
Name of Manufacture		Storage .	system actans			Model No.	
Year of Manufacture				Serial N	No.		
4 Have you ma	de any other sig	nificant n	nodification to	the cooling	towor	or warm water	
storage syste		illicant n	nounication to	the cooling	lower	Yes	☐ No ☐
Note:	that comprises a wa	ater loon m	av he considered	to he more tha	n one (	cooling tower	
<ul> <li>(a) A cooling tower that comprises a water loop may be considered to be more than one cooling tower.</li> <li>(b) 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.</li> </ul>							

	pany who ow	ns the premi	ses where	e the coolin	g tow	er or warm water system is located			
Contact Date	ile (for admin	iotrativa nurna							
6 Contact Deta Contact Person	ils (for admin	strative purpo	ises)	E-Mail					
Phone Fax				Mobile					
				Nobile					
Physical Add Shop No	Iress Property Na	me							
Street No	Street								
	Sireei								
Suburb	Postcode								
8 Postal Addre	ss								
Suburb			State			Postcode			
Does a Com	monwealth Δ	gency own th	ne Coolin	a Tower or \	Narm	Water Storage System? Yes ☐ No ☐			
			ie ooonii	g rower or t	rvaiiii	Water Storage System:			
ection 9 Pren									
O Person/Components	pany who ma	nagers the p	remises v	where the co	ooling	tower or warm water system is located			
lame									
1 Premises Ma Contact Person	nager's Cont	act Details (f	or adminis	strative purpo E-Mail					
Contact Person				E-Maii					
Phone		Fax			Mobile				
2 Premises Ma					l				
Shop No	Property Na	me							
Street No	Street								
Suburb			Pc	ostcode					
3 Premises Ma	nagor's Post	al Addrose							
5 Fielinses Ma	nager s rost	ai Addiess							
						B			
Suburb			State			Postcode			
	uipment O	wner	State			Postcode			
ection 10 Eq	-			or warm wat	ter sys				
ection 10 Eq	-			or warm wat	ter sys				
ection 10 Eq 14 Person/Com Company	-			or warm wat	ter sys				
ection 10 Eq 14 Person/Com Company	pany who ow	ns the coolir	ng tower c						
ection 10 Eq 14 Person/Com Company Name	pany who ow	ns the coolir	ng tower c		ses)				
ection 10 Eq 4 Person/Com Company Name 15 Equipment Contact Person	pany who ow	ns the coolir	ng tower c	trative purpo	ses)	stem			
ection 10 Eq  14 Person/Com  Company  Name  15 Equipment Contact Person  Phone	pany who ow	act Details (fo	ng tower c	trative purpo	ses)	stem			
ection 10 Eq  14 Person/Com  Company  Name  15 Equipment Contact Person  Phone  16 Equipment C	owner's Conta	act Details (fo	ng tower c	trative purpo	ses)	stem			
ection 10 Eq 14 Person/Com Company Name 15 Equipment C Contact Person Phone 16 Equipment C Shop No	Owner's Conta	act Details (fo	ng tower c	trative purpo	ses)	stem			
ection 10 Eq 14 Person/Com Company Name 15 Equipment C Contact Person Phone 16 Equipment C Shop No	owner's Conta	act Details (fo	ng tower c	trative purpo	ses)	stem			
ection 10 Eq 14 Person/Com Company Name 15 Equipment C Contact Person Phone 16 Equipment C Shop No Street No	Owner's Conta	act Details (fo	ng tower o	trative purpo	ses)	stem			
ection 10 Eq 14 Person/Com Company Name 15 Equipment C Contact Person Phone 16 Equipment C Shop No Street No	Owner's Container's Address Property Na	act Details (fo	ng tower o	trative purpo: E-Mail	ses)	stem			

Suburb			State				Postcode			
Section 11 Equ	ipment Ma	anager					)			
18 Person/Compa	ny who ma	nages the cod	oling t	tower or	r warm	wate	er system			
Company										
Name										
19 Equipment Ma	nager's Cor	ntact Details (	for adı	ministrat	tive purp	oses	5)			
Contact Person				E-Mail						
Phone		Fax		1	Mob	pile				
20 Equipment Ma	nager's Add	Iress								
Shop No	Property Name									
Street No	Street									
Suburb				Postcode						
21 Equipment Ma	nager's Pos	tal Address								
Suburb			State			Postcode				
Section 12 Decl	aration		l							
I declare that all the documentation exist Signature of Re	information s to support the gistered						and the necessary records and / or  Date			
							Position			
Pri	nt Name						Title			
OFFICE USE ONLY Change of Information Approved	Yes □ No		Conditi	ons	Yes [	] No [				
Officer's Signature				Date						