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HIGH RISK MANUFACTURED WATER SYSTEM (HRMWS) REGISTRATION FORM

This form is to be used if you are registering a High-Risk Manufactured Water System (HRMWS) such as a cooling tower or warm-water system.

| REGISTRATION TYPE |
|--|
| New Registration |
| <input type="checkbox"/> New registration of High-Risk Manufactured Water System/s |
| Existing Registration |
| <input type="checkbox"/> Renewal of high-risk manufactured water system/s and/or update of details |
| <input type="checkbox"/> Additional high-risk manufactured water system/s to an existing registration/license |
| <input type="checkbox"/> Modification to previous registration of high-risk manufactured water system at this premise |
| IMPORTANT DEFINITIONS |
| Automatic biocide dosing device means a device that automatically discharges a measured amount of biocide to a cooling-water system using a feedback control loop or timer |
| Biocide means a substance capable of killing micro-organisms, including Legionella |
| Building Code has the same meaning as in the <i>Development Act 1993</i> |
| Cooling-Water System or CWS means a heat-exchange system that consists of a heat-generating plant, a heat-rejection plant, interconnecting water recirculating pipework and associated pumps, valves and controls, and includes a cooling tower or evaporative condenser |
| Drift eliminator means a device that is designed to remove water droplets from cooling tower air passing through the device; |
| High-risk manufactured water system or HRMWS or System means a cooling-water system or warm-water system; |
| Legionella means bacteria of the genus Legionella |
| Prescribed decontamination procedure: |
| a) in relation to a cooling-water system—means the decontamination procedure set out in Schedule 3 Part 1 of the document published by the Minister titled Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia, as in force from time to time |
| b) in relation to a warm-water system—means decontamination by means of the "pasteurisation method" or "chlorination method" set out in Schedule 3 Part 2 of that document |
| Warm water means water that is not more than 60°C and not less than 30°C |
| Warm-Water System or WWS means a reticulated water system that distributes or recirculates warm water through the majority of its branches at a nominal temperature of 45°C by means of a temperature controlling device |

SECTION 1 – LOCATION DETAILS

SITE LOCATION DETAILS

Please provide details of the site where the HRMWS are located. It is recognised HRMWS at some premises, such as hospitals may be located in several different buildings. For these properties, please nominate the primary site location (i.e. head office at the premises). Supplement A & B will then request specific information for each individual HRMWS located at this premises.

Name of Primary Business at Site:

Business Name (if necessary):

Building Address:

Postcode:

Site Phone Number:

Description of Business Activities:

Business Operating Hours:

Total number of Cooling-Water Systems (CWS) at this site:

Please complete Supplement A of this Registration Form for each and every CWS identified at this premises.

Total number of Warm Water Systems (WWS) at this site:

Please complete Supplement B of this Registration form for each and every WWS identified at this premises

BUSINESS CONTACT DETAILS (LICENSEE)

The Regulations stipulate that a 'Building Owner' (i.e. the Ratepayer) is ultimately responsible for the effective operation and maintenance of HRMWS on the premises. However, under the Public Health Act 2011, the following definitions apply:

- **Owner:** in relation to premises, including an 'occupier' of premises.
- **Occupier:** in relation to premises, means a person who has, or is entitled to, possession or control of the premises and includes a person who is in charge of the premises.

NOTE: Licensee, in relation to a HRMWS, is who is deemed responsible for the systems. Generally this will be either the owner, or the occupier when the owner is a different entity.

Trading Name of Licensee:

Registered ACN:

Registered ABN:

Postal Address (all correspondence will be sent to this address):

Postcode:

Contact Person and Position Title:

Business Phone Number:

Email Address:

MAINTENANCE LOG BOOKS & OPERATING MANUALS

Regulation 10 and 14 of the Public Health (Legionella) Regulations 2013 require the building owner to ensure that an up-to-date log book and all operating manuals of HRMWS are kept on the premises and located in a readily accessible place. This information is required to be made available for inspection on the request of an Authorised Officer.

Please advise where log book and manuals of the HRMWS will be or are located, for example "in the office on Level 2", "near each individual system", etc.

SECTION 2 – RESPONSIBLE PERSON

The Registration of HRMWS must contain the nomination of the person/s responsible for the operation and maintenance of the System. If more than one person is nominated, please photocopy this page and return with the Registration Form.

NOTE: Regulation 11 of the *Public Health (Legionella) Regulations 2013* states: "The Owner of premises on which a High-Risk Manufactured Water System is installed must ensure that the person responsible for the operation and maintenance of the system is knowledgeable in the operation and maintenance of the system and sufficiently competent to ensure that the system is operated and maintained as required by these Regulations."

Name of Responsible Person:

☐ In-house

☐ Contractor

Position / Title:

Name of Business/Company Responsible Person represents (if not in-house):

Business Address (if not in-house):

Postcode

Business Phone Number:

Mobile Phone Number:

Out of Hours Phone Number:

Email Address:

Please provide a statement in regards to the knowledge and competencies the nominated 'responsible person/s' has with respect to High-Risk Manufactured Water Systems. If required, please attach supporting documentation (i.e. certificates of training undertaken)



SECTION 3 – AFTER HOURS CONTACT

In the event the HRMWS needs to be inspected after hours or information acquired about the system, please nominate one of the following to be the first point of contact:

NOTE: Please be advised that the after-hours contact person must have access to the HRMWS to enable Officers to inspect if so required.

| | |
|---|---|
| <input type="checkbox"/> Licensee | <input type="checkbox"/> Responsible Person |
| <input type="checkbox"/> Service Contractor | <input type="checkbox"/> Other* |

*Please specify:

SECTION 4 – BUILDING OWNER

BUSINESS CONTACT DETAILS – BUILDING OWNER/S - RATEPAYERS

Please provide the business contact details of all Building Owners (i.e. Ratepayers) of the property if different to the occupier/licensee. If the building is owned by a company or trust, please list all directors also.

List of all Building Owner/s:

Registered Business Name/s of Building Owner/s:

Registered Business Address:

Business Phone Number:

Business Fax Number:

Business Email Address:

SUPPLEMENT A – COOLING WATER SYSTEM (CWS)

| SYSTEM DETAILS | | |
|--|--|---------------------------------|
| Please complete this form for <u>each individual CWS</u> you have on the premises. If required please photocopy this template or contact the City of Playford to request additional forms be sent to you | | |
| Is the system a: | | |
| <input type="checkbox"/> Cooling Tower | <input type="checkbox"/> Evaporative Condenser | <input type="checkbox"/> Other* |
| *Please specify: | | |
| Make / Brand: | | |
| Model Number: | | |
| Your Identification Number / Name used for this system (e.g. system 1; cooling tower 1): | | |
| 1. APPLICATION | | |
| <input type="checkbox"/> Air handling | <input type="checkbox"/> Process cooling | |
| <input type="checkbox"/> Other (please specify): | | |
| 2. LOCATION | | |
| Name of Building where the CWS is located: | | |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Ground | |
| <input type="checkbox"/> Plant Room (please specify): | | |
| <input type="checkbox"/> Other (please specify): | | |
| 3. FREQUENCY OF OPERATION | | |
| <input type="checkbox"/> Ongoing | | |
| <input type="checkbox"/> Intermittent (once a week/fortnight, please specify): | | |
| <input type="checkbox"/> Other (please specify): | | |
| 4. MAINTENANCE | | |
| Please indicate the maintenance regime used for the cooling-water system | | |
| <input type="checkbox"/> Section 2.5 of AS/NZS 3666.2 Air-handling and water-based systems of buildings – Microbial Control – Operation and Maintenance | | |
| <input type="checkbox"/> Section 3 of AS/NZS 3666.3 Air handling and water based systems of buildings – Microbial Control – Performance based maintenance of cooling-water systems | | |
| <input type="checkbox"/> A program approved by the Minister (please attach the approval as an appendix to this registration) | | |
| 5. BIOCIDES DOSING DEVICES | | |
| Is the CWS fitted with automatic biocide dosing equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. DRIFT ELIMINATORS | | |
| Is a drift eliminator fitted to the system? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| *If Yes, please complete the following questions. If No, move to Part 7 | | |



| | | | |
|--|------------------------------|-----------------------------|---------------------------------|
| Does this Drift Eliminator cover the full exhaust air stream so as to prevent air bypass? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Is the Drift Eliminator capable of keeping drift loss below the maximum specified in clause 4.4 of AS/NZS3666.1? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Is the Drift Eliminator capable of being cleaned in situ or able to be removed for cleaning and inspection without damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

7. DECONTAMINATION PROCEDURE

Please indicate the decontamination procedure used 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*
- ☐ A decontamination procedure approved by the Minister (please attach the approval as an appendix to this registration)

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 to 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.

SUPPLEMENT B – WARM-WATER SYSTEM (WWS)

| SYSTEM DETAILS | | | |
|---|-----------------------------------|----------------------------------|--|
| Please complete this form for <u>each individual WWS</u> you have on the premises. If required please photocopy this template or contact the City of Playford to request additional forms be sent to you | | | |
| Make / Brand: | | | |
| Model Number: | | | |
| Your Identification Number / Name used for this system (e.g. system 1; cooling tower 1): | | | |
| 1. LOCATION | | | |
| Name of Building where the WWS is located: | | | |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Ground | | |
| <input type="checkbox"/> Plant Room (please specify): | | | |
| <input type="checkbox"/> Other (please specify): | | | |
| 2. FREQUENCY OF OPERATION | | | |
| <input type="checkbox"/> Ongoing | | | |
| <input type="checkbox"/> Intermittent (once a week/fortnight, please specify): | | | |
| <input type="checkbox"/> Other (please specify): | | | |
| 3. FEATURES OF SYSTEM | | | |
| Source of water heating: | | | |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | | |
| <input type="checkbox"/> Other (please specify): | | | |
| Water storage or instantaneous? | <input type="checkbox"/> Storage | <input type="checkbox"/> Instant | |
| Are temperature control devices installed with this system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. DECONTAMINATION PROCEDURE | | | |
| Please indicate the decontamination procedure for the warm-water system | | | |
| <input type="checkbox"/> Prescribed decontamination procedure set out in Schedule 3 Part 2 of the <i>Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia</i> , namely: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Pasteurisation method <input type="checkbox"/> Chlorination method. </div> | | | |
| <input type="checkbox"/> Alternative decontamination procedure approved by the Minister (please attach the approval as an appendix to this registration) | | | |
| 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: | | | |
| <ol style="list-style-type: none"> The location of the buildings where the system/s are installed including relevant surrounding streets or buildings The location of the system installation inside the building The location of other required areas during the inspection (i.e. maintenance office, plant room or head office to report to for inspection) 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. | | | |

SECTION 6 – REGISTRATION FORM CHECKLIST

To assist City of Playford to process your application, please use the following checklist to ensure the licence registration form is completed in its entirety.

Failure to do so may result in the Registration Form being returned to you and a request for further/additional information to be supplied.

| | |
|--|------------------------------|
| Section 1 – Location Details | <input type="checkbox"/> Yes |
| Section 2 – HRMWS Licensee | <input type="checkbox"/> Yes |
| Section 3 – Responsible Person | <input type="checkbox"/> Yes |
| Section 4 – After Hours Contact | <input type="checkbox"/> Yes |
| Section 5 – Building Owner (if different from Licensee) | <input type="checkbox"/> Yes |
| Supplement A – Cooling Water System (CWS) NOTE: please ensure that a separate Supplement form is completed for each and every CWS on the premises. For example if there are 5 CWS, then 5 Supplement A forms are required to be completed and attached with the Registration Form. | <input type="checkbox"/> Yes |
| Supplement B – Warm-Water System (WWS) NOTE: please ensure that a separate Supplement form is completed for each and every CWS on the premises. For example if there are 5 CWS, then 5 Supplement A forms are required to be completed and attached with the Registration Form. | <input type="checkbox"/> Yes |
| Site Plan/s (with attachment/s where necessary) | <input type="checkbox"/> Yes |
| Section 7 – Lodgement NOTE: please ensure that the Registration Form has been <u>verified and signed</u> by the Licensee and Building Owner. | <input type="checkbox"/> Yes |

SECTION 7 – LODGEMENT

This HRMWS Registration Form is required to be completed by or verified by the Licensee and Building Owner (rate payer).

By signing Section 7 of the HRMWS Registration Form, the Licensee and Building Owner(s) of the property (i.e. the Ratepayer) is declaring that they have read and understood all the information provided by the City of Playford and all information provided on the HRMWS Registration Form is true and correct.

NOTE: It is an offence under Section 22 of the *Regulations* for a person to make a false or misleading statement, whether by reason of the inclusion or omission of any particular, in any information provided.

Name of Licensee:

Signed:

Date:

Name of Building Owner/s (if different to Licensee):

Signed:

Date:

Please return your completed form to the City of Playford via any method listed on Page 1