



33 Goldie Street
PO Box 348
SMITHTON TAS 7330
council@circularhead.tas.gov.au
(03) 6452 4800
www.circularhead.tas.gov.au

REGULATED SYSTEMS

Public Health Act 1997
Sections 114 & 121

Application for: ☐ Registration of a Regulated System
(Tick Appropriate Box) ☐ Renewal of Registration of a Regulated System

APPLICANT DETAILS

Name of Applicant

ABN:
(If a Registered Company)

Postal Address:

Town:

Postcode:

Phone:

Mobile:

Email:

ADDRESS WHERE REGULATED SYSTEM(S) IS LOCATED

Name of Business:

Name depicted on the street frontage of the premises

ABN (If a Registered Company):

Address of Business:

Town:

Post Code:

After Hours emergency access contact Name:

Phone:

Mobile:

Email:

The Total number of cooling towers on the premises:

The Total number of warm water systems on the premises

REGULATED SYSTEM DETAILS

The following details must be provided for each cooling tower or warm water system on the premises.
Please attach additional pages if necessary.

LOCATION DETAILS

Business name:

Street Address:

Details where cooling tower or warm water system is on the premises



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SYSTEM DETAILS

☐ Cooling Tower

☐ Warm Water System

System make/model:

Serial Number:

Owners identifying Number:

DOCUMENTS TO BE ATTACHED

☐ Tabled results of water testing and laboratory details for each test (Guideline 9.1.1)

☐ Maintenance specifications (Guideline 9.1.2)

*☐ Statement from a water systems professional (Guideline 9.1.3)

☐ Statement on the carrying out of maintenance (Guideline 9.1.4)

*☐ Risk assessment for the system OR (guideline 9.1.5)

*☐ Risk assessment previously provided remains current and there have been no significant modifications to the system

**These items do not apply to warm water systems*

Note: The *Guidelines for the Control of Legionella in Regulated Systems* set out important requirements for operation of certain regulated systems. You should refer to the Guidelines for details.

DECLARATION AND SIGNATURE

Application Fees

Current fees are listed on www.circularhead.tas.gov.au or phone 6452 4800 (Our Council | Fees and Charges | Health)

(Print Full Name)

Signature of Applicant:

Date:

Please lodge your completed application form and application fee at the Council Office.

OFFICE USE ONLY

Officer:

Receipt No:

Amount:

Date:

Privacy Statement

The personal information on this form is required by Council for administrative purposes. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend your personal information at any time. How we use this information is explained in our Privacy Policy, which is available at www.circularhead.tas.gov.au or at the Council office.