NSW Health - Legionella Control in Cooling Water Systems



Approved Form 6: Notification of installation or change in particulars

Purpose of the approved form

The *Public Health Regulation 2022* (the Regulation) requires occupiers to ensure that the Local Government Authority (LGA) is notified of the following changes to their cooling water system and warm water system: notification of installation (within 1 month), change of occupier (within 1 month), and any change in particulars (such as change in occupier, within 7 days). Notification of installation or changes is also required for warm water systems installed in public hospitals, declared mental health facilities, private health facilities, and nursing homes. In accordance with section 20 of the Regulation, the LGA may require a fee to be paid on submission of this form.

This approved form must be completed in accordance with section 31 of the *Public Health Act 2010* and sections 8, 20, and 25 of the Regulation. Further information on the process and timeframe for notification is provided in the *NSW Guidelines for Legionella Control in Cooling Water Systems* (the Guidelines).

Notification of installation or change in particulars

This notification relates to:	Installation	Change of occupier	Change in particulars

Notification of installation (complete if relevant)

Record	Details
Cooling water system or warm water system	
Local Government Authority (where this system is located)	
Site address	
LGA Site ID (if known)	
Occupier details (the person or entity who owns the system):	Name: Phone number: Postal address: Email: ABN/ ACN:
Building manager name and contact details (the person who manages the system on behalf of the occupier)	
Date of system installation	

Location of system within premises	
Cooling water system details (number of cooling towers, and unique identification number for each cooling tower)	
Notification of change of occupier (complete if I	relevant)
Record	Details
Cooling water system or warm water system	
Local Government Authority (where this system is located)	
Site address	
Previous occupier name and contact details (the person or entity who previously owned the system)	
New occupier details (the person or entity who will now own the system):	Name: Phone number: Postal address: Email: ABN/ ACN:
Cooling water system details (number of cooling towers, and unique identification number for each cooling tower)	
Notification of change in particulars (complete i	f relevant)
Record	Details
Cooling water system or warm water system	

Record	Details
Cooling water system or warm water system	
Local Government Authority (where this system is located)	
Site address	
Cooling water system details (number of cooling towers, and unique identification number for each cooling tower)	

Change in	particulars:		
• C	hange in occupier/ building manager's details		
ur ea re	ooling tower(s) added to system (Note: a new nique identification number should be issued for ach new tower, including when an existing tower placed with a new tower. Refer to Section 8.5 of e Guidelines)		
• Co	ooling towers(s) removed from system		
• W	arm water system type changed or modified		
• Sy	ystem has been decommissioned		
Where relevant, was the RMP audited prior to decommissioning? If no, why?		☐ Yes ☐ No If No, why?	
Details o	of person completing the form		
Name of p	person completing the form	Contact details (phone number, email, postal address)	
Signature of person completing the form		Date	
Role of person completing the form		Employer (name of company or organisation)	
Local Go	overnment Authority use		
Record		Details	
Date received		ç	
Name and	position of receiving officer		
Notification received within required timeframe		□ Yes □ No	
Action tak	ken (date and time):		
	Register of cooling water systems update	Register of cooling water systems updated	
	Unique identification number(s) issued to occupier		
	Payment processed	Payment processed	