Date

Name

Business

Address

SUBURB NSW POSTCODE

**Certificate of Clearance – Regulated Systems**

Section 45 of the *Public Health Act 2010*

**Occupier:**

**Premises:** [UIN and address]

I refer to the Prohibition Order issued to you on [insert date] regarding the regulated system [insert UID No.] at the above premises.

An authorised officer has inspected the regulated system at the premises and is satisfied that the terms of the Prohibition Order have been complied with and there is no serious danger to public health. Therefore, this clearance certificate is issued and the regulated system may be operated.

Signed:

Dated:

Secretary of the Ministry of Health; delegate of the Secretary of the Ministry of Health; General Manager of a council; authorised officer appointed by the Local Government Authority

(Cross out whichever does not apply)