# *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*](https://www.health.nsw.gov.au/environment/legionellacontrol/Pages/legionella-guidelines.aspx)](https://www.health.nsw.gov.au/environment/legionellacontrol/Pages/guidelines-legionella-control.aspx) (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 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 if relevant)

|  |  |
| --- | --- |
| 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:* Change in occupier/ building manager’s details
 |  |
| * Cooling tower(s) added to system (Note: a new unique identification number should be issued for each new tower, including when an existing tower is replaced with a new tower. Refer to Section 8.5 of the Guidelines)
 |  |
| * Cooling towers(s) removed from system
 |  |
| * Warm water system type changed or modified
 |  |
| * System has been decommissioned
 |  |
| Where relevant, was the RMP audited prior to decommissioning? If no, why?  | [ ]  Yes [ ]  NoIf No, why?  |

## Details of person completing the form

|  |  |
| --- | --- |
| Name of 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 Government Authority use

|  |  |
| --- | --- |
| Record | Details |
| Date received |  |
| Name and position of receiving officer |  |
| Notification received within required timeframe | [ ]  Yes [ ]  No |
| Action taken (date and time):  |
|[ ]  Register of cooling water systems updated |
|[ ]  Unique identification number(s) issued to occupier  |
|[ ]  Payment processed |