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| Cooling tower systems details change form |
| Cooling tower registration, Department of Health Victoria |
|  |

**Telephone: 1300 767 469  Email**:  [legionella@health.vic.gov.au](mailto:legionella@health.vic.gov.au)

These changes must be notified to the Department of Health within 30 days of the date of change or completion of the event.

|  |  |
| --- | --- |
| **Site ID**  (Refer to Certificate of Registration): |  |
| **Cooling Tower System Number/s:** |  |

**Address of the land:**

|  |
| --- |
|  |
|  |
|  |

**Please complete parts A B C D E F or G as appropriate.**

#### Part A. Notification of new owner of the land

**Name of the person or organisation that owns the land where the cooling tower system(s) is/are located.**

|  |  |
| --- | --- |
| **Name of person, partnership or company.** |  |
| **Registered business name.** |  |
| **ABN/ACN.** |  |

**Postal address of the owner of the land**

|  |  |  |
| --- | --- | --- |
|  | | |
| Suburb/Town | State | Postcode |

**Contact details of owner of the land, or owner’s agent**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Mobile number** |  |
| **AH number** |  |
| **Email address** |  |

**Does the new owner of the land also own the cooling tower system?**

* Yes
* No

#### Part B. Notification of new owner of the cooling tower system

**Name of the person or organisation that owns the cooling tower system(s)**

|  |  |
| --- | --- |
| **Name of person, partnership or company.** |  |
| **Registered business name.** |  |
| **ABN/ACN.** |  |

**Postal address of the owner of the cooling tower system**

|  |  |  |
| --- | --- | --- |
|  | | |
| Suburb/Town | State | Postcode |

**Contact details of owner of the cooling tower system or owner’s agent**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Mobile number** |  |
| **AH number** |  |
| **Email address** |  |

#### Part C. Notification of new water treatment service provider

**Name of the person or organisation who treats the water for the CTS**

|  |  |
| --- | --- |
| **Name of person, partnership or company.** |  |
| **Registered business name.** |  |
| **ABN/ACN.** |  |

**Postal address for new water treatment service provider.**

|  |  |  |
| --- | --- | --- |
|  | | |
| Suburb/Town | State | Postcode |

**Contact details of new water treatment service provider.**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Mobile number** |  |
| **AH number** |  |
| **Email address** |  |

#### Part D. Notification of addition/deletions of a cooling tower system

|  |  |
| --- | --- |
| NUMBER OF COOLING TOWERS ADDED TO THE SYSTEM: |  |
| NUMBER OF COOLING TOWERS REMOVED FROM THE SYSTEM: |  |
| NUMBER OF COOLING TOWERS IN THE SYSTEM NOW: |  |

|  |  |
| --- | --- |
| Nature of the business |  |

#### Part E. Notification of relocation of a cooling tower system

**What is the location from which the Cooling tower System has been located from and located to?**

|  |  |
| --- | --- |
| Located from: |  |
| Located to: |  |

**What is the purpose of the Cooling Tower System?**

* Air-conditioning
* Refrigeration
* Industrial process

|  |
| --- |
|  |

* Other (please specify)

#### Part F. Notification of change of registration term

|  |  |  |  |
| --- | --- | --- | --- |
| Current registration term: | 1 Year | 2 Years | 3 Years |

|  |  |  |  |
| --- | --- | --- | --- |
| New registration term: | 1 Year | 2 Years | 3 Years |

\*Please note this change will appear on you next renewal notice

#### Part G. Notification of change registration holder

**Name of the person or organisation who was the previous registration holder**

|  |  |
| --- | --- |
| **Name of person, partnership or company.** |  |
| **Registered business name.** |  |
| **ABN/ACN.** |  |

**Name of the person who will be responsible for the ongoing registration affairs for the CTS**

|  |  |
| --- | --- |
| **Name of person, partnership or company.** |  |
| **Registered business name.** |  |
| **ABN/ACN.** |  |

**Postal address of the person who will be responsible for the ongoing registration affairs for the CTS**

|  |  |  |
| --- | --- | --- |
|  | | |
| Suburb/Town | State | Postcode |

**Contact details of the person who will be responsible for the ongoing registration affairs for the CTS**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Mobile number** |  |
| **AH number** |  |
| **Email address** |  |

**Please select the capacity in which the above will be deemed the registration holder:**

* Land owner
* Agent
* Cooling tower system owner
* Water treatment provider
* Responsible person

|  |  |  |  |
| --- | --- | --- | --- |
| **Print name** |  | **Date** |  |

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