

|  |
| --- |
| Cooling tower system risk management plan auditor |
| RMP Auditor application |
|  |

# Application for certification as approved auditor of cooling tower system risk management plans

**Please return completed application to:**

Department of Health

Legionella Team. Email: [legionella@dhhs.vic.gov.au](mailto:legionella@dhhs.vic.gov.au)

| **Application (please tick)** | | |
| --- | --- | --- |
| Application | Re-accreditation | Auditor No. |

| **Applicant’s contact details** | |
| --- | --- |
| Surname |  |
| First name |  |
| Business name |  |
| Business address |  |
| Postal address  (if different from business address) |  |
| Telephone |  |
| Mobile |  |
| Email address |  |

# Applicants declaration

| 1. **Are you aware of any circumstances that would prevent you carrying out the duties of an approved auditor under Part 7 of the Public Health and Wellbeing Act 2008 in an impartial, independent and objective manner? (Please tick)** | |
| --- | --- |
| Yes | No |
| If yes, provide details. | |

| 1. **Have you read and understood the requirements of the Public Health and Wellbeing Act 2008 and in particular Section 97 in relation to avoiding a conflict of interest in respect of the auditing of cooling tower system risk management plans? (Please tick)** | |
| --- | --- |
| Yes | No |

| 1. **Do you agree to follow the department’s guidance materials, including *Guidelines for auditing risk management plans for cooling tower systems?* (Please tick)** | |
| --- | --- |
| Yes | No |

| **I consent to my name and contact details being published on the department’s Legionella program website. (Please tick)** | |
| --- | --- |
| Yes | No |

| I **have attached documentation to confirm that I have satisfactorily completed the ‘Cooling tower system for auditors’ training program (new applications only). Note that applications cannot be processed unless this documentation is provided. (Please tick)** | |
| --- | --- |
| Yes | No |

I confirm that to the best of my knowledge the information I have provided in this application is true and correct.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

|  |
| --- |
| To receive this document in another format, phone 1300 767 469, using the National Relay Service 13 36 77 if required, or [email Legionella team](mailto:legionella@dhhs.vic.gov.au) <[legionella@dhhs.vic.gov.au](mailto:legionella@dhhs.vic.gov.au)>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, September 2021.  ISBN/ISSN number (online/PDF/Word) or (print)  Available at [cooling tower forms and templates](https://www2.health.vic.gov.au/public-health/water/legionella-risk-management/water-forms-and-templates) <https://www2.health.vic.gov.au/public-health/water/legionella-risk-management/water-forms-and-templates> |