



Public and Environmental Health (Legionella) Regulations 2008

Warm Water System – Alternative Decontamination Procedure Application Form

SITE DETAILS

Registered Business Name _____

ABN _____

Address _____

Trading Name of Premises _____

Site (Street) Address _____

Postal Address _____

Business Contact Phone _____ Fax _____

Local Council Area _____

Description of Business Activities _____

Business Operating Hours _____

Contact Person for this Application

Name _____

Position Title _____

Business Contact Phone _____ Mobile _____

Is the Warm Water System Registered with the Local Council?

- Yes (please attach a copy of the completed registration form)
- No (registration is a mandatory requirement from 1 April 2009; or within 1 month of commissioning for new systems)

WARM WATER SYSTEM DETAILS

Please Note: You must complete a separate application form for each warm water system for which you are seeking an approval.

1. Water Heating Device

Make / Brand of System _____

Model No. _____

System Common Name / Identification No. (e.g. Floor 1; Warm Water System 1) _____

Source of Water Heating Gas Electric

Other, please specify _____

Water Storage or Instantaneous? Storage Instant

2. Temperature Control Devices

Does the system have any temperature control devices fitted (e.g. *thermostatic mixing valves/tempering valves*)?

Yes, please indicate type(s) and number of devices _____

No

3. Areas Serviced by System

Please indicate the areas and type and number of outlets serviced by the warm water system (e.g. *ground floor bathrooms - 4 showers, 8 basins*).

4. Water Supply

Please indicate the type of water supply utilised in the operation of this warm water system.

Reticulated water (*mains water*)

Recycled Water (*please note: you are required to have an approval from the Department of Health*)

Rainwater

Other, please specify _____

5. Laboratory Results

Where available, please provide copies of all relevant laboratory testing results for the warm water system for the previous 12 months, including *Legionella* and heterotrophic colony counts (also referred to as total bacterial count).

I have attached copies

I do not have copies to attach

6. Other records / reports

Please attach copies of any additional relevant documents which may assist in processing your application (e.g. *system servicing reports and maintenance records*).










I have attached copies

I do not have copies to attach

SYSTEM AND SITE PLANS

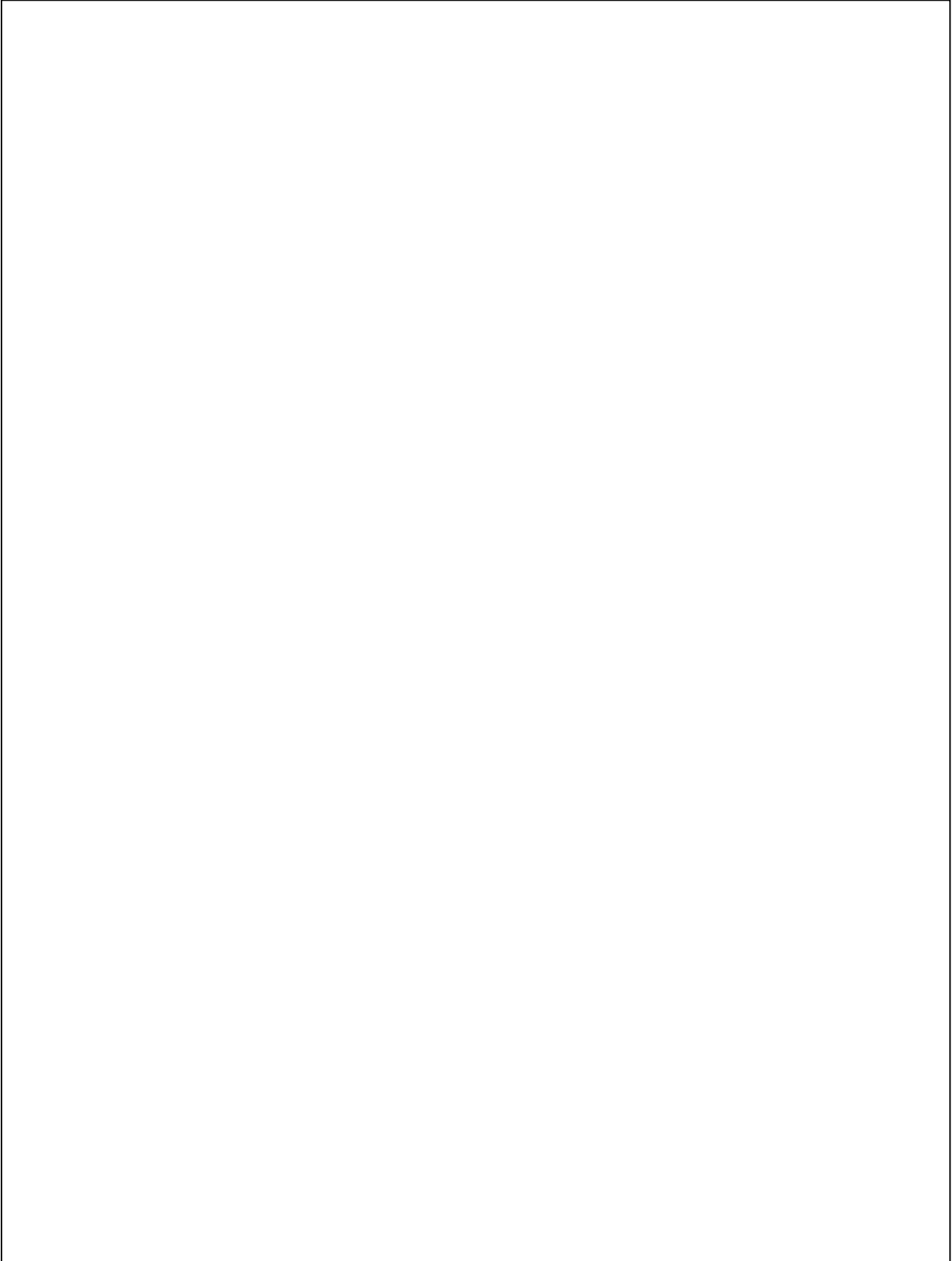
On the following pages you will need to provide plans of the warm water system and the site. You may do this by means of existing plans/schematics or by providing a drawing. If you are drawing plans of the system or site, please use the symbols provided in the key below to assist with this task (*please note that you will need to print this form and provide your drawing in colour in order to show cold, warm and hot pipe work, outlets and direction of flow*).

Legend

	recirculation pump
	hot water unit (storage or instantaneous)
	direction of flow
	blanked end (dead leg)
	cold water outlet
	hot water outlet
	warm/mixed water outlet
	3-way valve (e.g. TMV)
	isolating valve

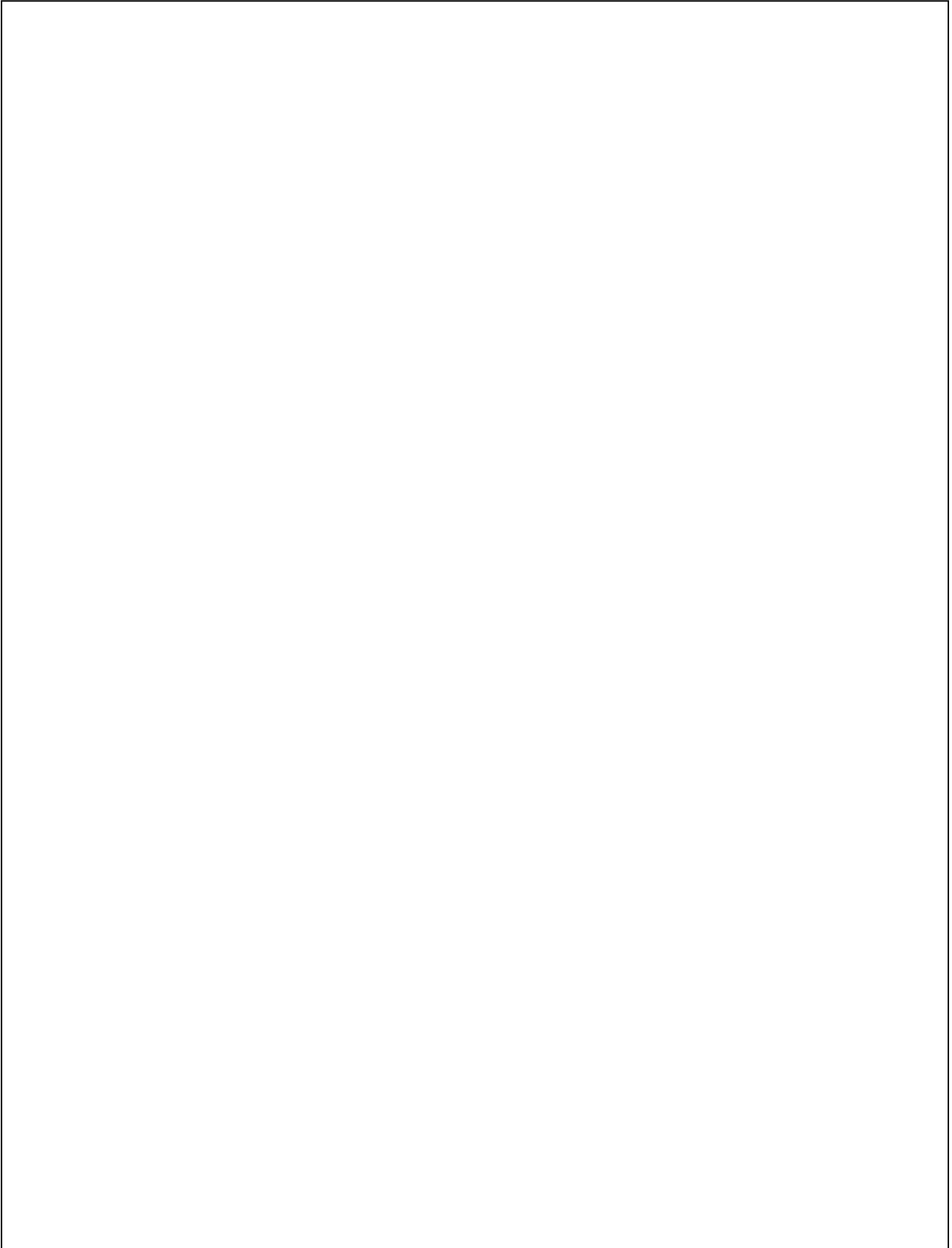
PLAN OF WARM WATER SYSTEM

Please draw (*using the symbols on page 4*) or provide a plan identifying all major components of the warm water system for which you seek an approval (*including cold, hot and warm pipe work, direction of flow, water storage and heating devices and temperature control devices such as thermostatic mixing valves and tempering valves, if fitted*). Please attach additional pages if necessary.



SITE PLAN

Please draw or provide a plan identifying the location of the warm water system on the premises, including all areas serviced by the system. Where necessary, attach additional pages.

A large, empty rectangular box with a thin black border, intended for the user to draw or provide a plan of the warm water system on the premises. The box occupies most of the page below the instructions.

DECLARATION BY APPLICANT / OWNER

I supply the following details with my application:

- Site & system details
- Copy of completed registration form (containing business details, operation/maintenance contacts etc)
- Proposed alternative decontamination procedure
- Laboratory results (where available)
- Other records / reports
- Plan of major system components (with attachment(s) where necessary)
- Site plan (with attachment(s) where necessary)
- Application fee (payable to the Department of Health)

I understand that the Department of Health (DH) may require further details if necessary, and that failure to supply all the details referred to in this application form and any additional information requested by the DH may delay or prevent processing of this application

I declare that the contents of this application are true, complete and to the best of my knowledge in every particular. I have not made a false or misleading statement in a material particular (whether by the inclusion or omission of any particular) in any information provided in the content of this application.

NAME: _____

POSITION: _____ COMPANY: _____

ADDRESS: _____

SIGNATURE: _____ DATE: ____/____/____

APPLICATION & PAYMENT DETAILS

Please refer to the following website for current fees:

<http://www.health.sa.gov.au/pehs/legionella-regulations-guidelines.htm>

Please forward your application and the required fee (GST is not applicable) by cheque or money order, to the following address:

**Health Protection Programs
Department of Health
PO Box 6
RUNDLE MALL SA 5000**

**Phone: (08) 8226 7100
Fax: (08) 8226 7102**

Email: legionella@health.sa.gov.au

For further information, please contact Health Protection Programs.