

NOTIFICATION OF A REGULATED SYSTEM Registration under Public Health Act 2010 and Public Health Regulation 2022

Part 1: Premises Details			
Business Name:			
Unit/Shop Number:	Street Number:		Street:
Suburb:	Lot:		DP:
Subuib.			
ABN/ACN:	Type of Pre	emises:	
Part 2: Occupier/Proprietor Details			
The business is owned by a (choos	e and complete eithe	r 'Sole Trader',	'Company' or 'Trust')
SOLE TRADER Name:	ABN:		Contact Number:
Name.	ABN.		Goritade i variber.
Email Address:			
Postal Address:			
COMPANY Company Name:	AB	N:	
Director/Contact Person			
Business Phone Number	Mobile Number		
Email Address			
Email Address			
Postal Address:			
. SS.A. Fladiood.			

TRUST Trust Name:	ABN:
Trustee Name:	Trustee ACN/ABN:
Contact Number Email Address	SS
Postal Address:	
Part 3: Water Service Contractor Details	
Name: Business	Number: Mobile Number:
Email Address:	
Address:	
Part 4: System Details	
1 art 4. System Details	
This is a: Water Cooling System (Cooling Towers)) Warm Water System (hospitals only)
This is a: Water Cooling System (Cooling Towers)	
This is a: Water Cooling System (Cooling Towers)	
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of Syste Unique Identifier Number (UIN)	
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of System	
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of Syste Unique Identifier Number (UIN) Model of System:	
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of Syste Unique Identifier Number (UIN)	ems
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of Syste Unique Identifier Number (UIN) Model of System: Risk Management Plan (RMP) Completion Date:	ems
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of Syste Unique Identifier Number (UIN) Model of System:	ems
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of Syste Unique Identifier Number (UIN) Model of System: Risk Management Plan (RMP) Completion Date:	Annual Audit Due Date:
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of Syste Unique Identifier Number (UIN) Model of System: Risk Management Plan (RMP) Completion Date: Part 5: Emergency Contact Details Name: Business	Annual Audit Due Date:
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of Syste Unique Identifier Number (UIN) Model of System: Risk Management Plan (RMP) Completion Date: Part 5: Emergency Contact Details	Annual Audit Due Date:
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of Syste Unique Identifier Number (UIN) Model of System: Risk Management Plan (RMP) Completion Date: Part 5: Emergency Contact Details Name: Business Email Address:	Annual Audit Due Date:
This is a: Water Cooling System (Cooling Towers) Number of Systems: Location of Syste Unique Identifier Number (UIN) Model of System: Risk Management Plan (RMP) Completion Date: Part 5: Emergency Contact Details Name: Business	Annual Audit Due Date:

NOTE: The occupier of premises at which a water-cooling system or warm-water system is installed must cause notice of that fact to be given to the person prescribed by the regulations in the approved form and in the manner prescribed by the regulations, Section 31 of the Public Health Act 2010

D		
Part K	· Hac	laration
1.411.		CAREAGE LAND

I declare that the information provided on this form is complete and correct.					
Name	Signature	Da	ate		

Part 7: Lodgement Details

You can lodge your notification by:

MAIL: Camden Council, PO Box 183, CAMDEN NSW 2570 EMAIL: mail@camden.nsw.gov.au

IN PERSON: 70 Central Ave ORAN PARK

WHAT NOW: Once your notification is received, a Council Officer will contact you if further information is required. For further

information regarding your notification please contact us on: **PHONE:** 13 CAMDEN (13 226 336) **WEBSITE:** https://www.camden.nsw.gov.au/