

Registration form for cooling towers and evaporative condensers



ORKNEY
ISLANDS COUNCIL

Health and Safety at Work etc. Act 1974

The Notification of cooling Towers and Evaporative
Condensers Regulations 1992

Notification of Notifiable Device (s) to the Local Authority

1. Address where cooling tower(s)/evaporative condenser(s) is/are to be situated:

Name of Premise:

.....

Address of Premise:

.....

.....

2. Person(s) in control of premises:

Where more than one person please complete the continuation sheet on page 3.

Name of person:

.....

Company Name:

.....

Address:

.....

.....

Telephone Number:

.....

Email Address:

.....

NB: This information is required to enable access to be gained at all times to the notifiable device(s)

3. How many cooling towers or evaporative condensers are at the address shown above?

.....

4. Please give a brief description of the location of each piece of equipment being registered at this time:

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.....

.....

.....

.....

Declaration:

I am aware of the provisions of The Notification of Cooling Towers and Evaporative Condensers Regulations 1992. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.

Signed by:

.....

Date:

.....

Name:

.....

Position:

.....

Please send completed form to:

Environmental Health
Orkney Islands Council
School Place
Kirkwall
KW15 1NY

Email to: env.health@orkney.gov.uk

NOTE: Where any change occurs which affects the particulars contained within a Notification of Notifiable Device(s), a person upon whom the duty is imposed shall ensure that the change is notified in writing to the local authority within one month after it's occurrence. When a notifiable device ceases to be, and is no longer intended to remain, a notifiable device, a person upon whom the duty is imposed shall as soon as is reasonably practicable after the cessation ensure that the fact is notified in writing to the local authority.

2. Person(s) in control of premises (continued)

Name of person:

.....

Company Name:

.....

Address:

.....

.....

Telephone Number:

.....

Email Address:

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Name of person:

.....

Company Name:

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Address:

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Telephone Number:

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Email Address:

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