

**Notification of Cooling Towers and Evaporative Condensers Regulations 1992**

**Notification of cooling towers and evaporative condensers**

### Type of Notification

|  |  |  |
| --- | --- | --- |
| Indicate whether this is a: | |  |
| New Notification |  |
| Notification with a change of details | |  |

### Address where cooling tower/ evaporative condenser is to be situated

|  |  |  |
| --- | --- | --- |
| Name of premises/ trading name |  |  |

|  |  |  |
| --- | --- | --- |
| Full postal address |  |  |

### Person(s) in control of the premises

Record details of the person or people who are in control of access to the premises –

*Out-of-hours contact details must be included, in order that access can be gained at ANY time*.

|  |  |
| --- | --- |
| Full name of person |  |
|  |  |
| Position/ job title |  |
|  |  |
| Company name |  |

|  |  |  |
| --- | --- | --- |
| Full registered address  *Address registered with Companies House* |  |  |

##### Contact details person 1

|  |  |
| --- | --- |
| Full name of person |  |

|  |  |
| --- | --- |
| E-mail |  |
|  |  |
| Main Telephone Number |  |
|  |  |
| 24 hour emergency telephone number |  |

##### Contact details person 2

|  |  |
| --- | --- |
| Full name of person |  |

|  |  |
| --- | --- |
| E-mail |  |
|  |  |
| Main Telephone Number |  |
|  |  |
| 24 hour emergency telephone number |  |

### Number of devices

Provide details about ALL the notifiable devices at these premises:

**Cooling Towers**

|  |  |  |
| --- | --- | --- |
| Total in use |  |  |
|  |  |
| Total not in use |  |

**Evaporative Condensers**

|  |  |  |
| --- | --- | --- |
| Total in use |  |  |
|  |  |
| Total not in use |  |

### Details About Each Individual Device – Device 1

|  |  |  |
| --- | --- | --- |
| Device site reference Number |  |  |

##### Type of device

Cooling Tower

Evaporative Condenser

##### Status of device:

New device

Already operational

Decommissioned

Recommissioned

##### Details of device

*(make, model, serial number, whether induced or forced etc).*

|  |
| --- |
|  |
|  |
|  |
| Location of device *(e.g. north works, main building, SE corner of 3rd floor roof or ///what3words )* |
|  |

### Details About Each Individual Device – Device 2

|  |  |  |
| --- | --- | --- |
| Device site reference Number |  |  |

##### Type of device

Cooling Tower

Evaporative Condenser

##### Status of device:

New device

Already operational

Decommissioned

Recommissioned

##### Details of device

*(make, model, serial number, whether induced or forced etc).*

|  |
| --- |
|  |
|  |
|  |
| Location of device *(e.g. north works, main building, SE corner of 3rd floor roof or ///what3words )* |
|  |

### Additional Details

Provide any additional information which is relevant to your notification

|  |
| --- |
|  |

### Checklist of enclosures

Please provide a site plan showing the location of each notifiable device

### Declaration

I the undersigned hereby notify you of Cooling Towers and/ or Evaporative Condensers in the Borough of Tamworth and I declare that to the best of my knowledge and belief, the above statements are true and correct.

I understand once the completed form has been submitted, it will be shared with the Health and Safety Executive and UKHSA .

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | |  |
|  |  | |  |
| Full name |  | |  |
|  |  | |  |
| Capacity |  | |  |
|  |  | |  |
| Date (dd/mm/yyyy) | Click or tap to enter a date. |  | |

### Returning the form

Once completed, this notification form and the associated enclosure(s) should be sent to:

**Public Protection,**

**Environmental Health**

**Tamworth Borough Council**

**Marmion House,**

**Lichfield Street,**

**Tamworth,**

**B79 7BZ**

[**publicprotection@tamworth.gov.uk**](mailto:publicprotection@tamworth.gov.uk)