

**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**