Application for Registration of a
Cooling Tower System & Evaporative Condensers
In terms of L.N. 6 of 2006

Premises Details
1. Name of Premises

2. Postal Address of Premises

Town / Village

Postcode

Responsible Person Details
3. Name of responsible person............................................................ Position

4. Postal Address of Responsible Person

Town / Village

Postcode

LD No. / Passport No.

Telephone No.

Mobile No.

Fax No.

E-mail Address

Cooling Towers and/or Evaporative Condensers
5. Number of systems used on premises □□□□ (Place number of systems in box)

System Location
6. Place where system is allocated on premises

Part 1

The completed form should be sent to:
Environmental Health Directorate
Health Inspectorate Services
Continental Business Centre
Old Railway Track
Sta. Venera SVR 9018
Tel : 21337333 Fax : 21344767
E-mail : mhs@gov.mt

Office Use Only
Premises Registration No.
System Registration No
Date Processed   /   /

Data Protection Statement: All Data collected is processed in accordance with legal provisions and the Data Protection Act 2001. Personal Data is not disclosed to third parties if not required by Law or other EU Regulations/obligations.

Author: C. Bonnici
Version No: 2
Approved by: DEH
Issue Date: 29.04.14
Form No: A E003
Issued By: DEH
Page 1 of 2
## System Details

7. Who is responsible for day to day operation and maintenance of system in question

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</table>

Postal Address

<table>
<thead>
<tr>
<th>Town / Village</th>
<th>Postcode</th>
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Telephone No., Mobile No., Fax No.

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E-mail Address

8. What is the purpose of the cooling system? Please tick box

- [ ] Air Conditioning
- [ ] Industrial Process
- [ ] Refrigeration
- [ ] Other (please specify)__________________

9. What area is served by the system

10. What is the nature of the business served by the system. Please tick as appropriate

- [ ] Agriculture
- [ ] Dairy Industry
- [ ] Dry cleaning
- [ ] Education
- [ ] Entertainment
- [ ] Warehouse
- [ ] Hospital/Health Care
- [ ] Hotel type accommodation
- [ ] Manufacturing
- [ ] Office
- [ ] Residential care
- [ ] Retail
- [ ] Other please specify___________________________________________

11. How many cooling towers or evaporative condensers are in the same cooling system? (Please place number in box)

<table>
<thead>
<tr>
<th>Number</th>
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12. What is the type of system being used? Please tick box where applicable

- [ ] Induced draught cross flow
- [ ] Induced draught counter flow
- [ ] Forced draught cross flow
- [ ] Forced draught counter flow
- [ ] Evaporative Condenser
- [ ] Other (Please specify)__________________

13. Is a drift eliminator fitted to each system? (Please tick one box)

- [ ] Yes
- [ ] No

14. Is an automated biocide dosing device fitted to the system? (Please tick one box)

- [ ] Yes
- [ ] No

15. Is an automated bleed off device fitted to the system? (Please tick one box)

- [ ] Yes
- [ ] No

16. Estimated system volume?

<table>
<thead>
<tr>
<th>Volume Range</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Less than 100 Litres</td>
</tr>
<tr>
<td>101 to 1,000 Litres</td>
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<td>1,001 to 5,000 Litres</td>
</tr>
<tr>
<td>5,001 to 10,000 Litres</td>
</tr>
<tr>
<td>10,001 to 50,000 Litres</td>
</tr>
<tr>
<td>More than 50,000 Litres</td>
</tr>
</tbody>
</table>

17. System is drained into Main Sewers?

- [ ] Yes
- [ ] No

18. Has a Risk Management Plan been prepared for the cooling system?

- [ ] Yes
- [ ] No

I the undersigned, declare that the information given above is correct.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date: ……../……./…….</th>
<th>Name (Block Letters):</th>
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<tbody>
<tr>
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<td>I.D. Card No.:</td>
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