

Port Macquarie-Hastings Council  
 PO Box 84  
 PORT MACQUARIE NSW 2444  
 p (02) 6581 8111  
 e council@pmhc.nsw.gov.au

DE217

pmhc.nsw.gov.au

## Notification of Installed Water Cooling or Warm Water System

In accordance with Section 31 Public Health Act 2010 and Clause 11 Public Health Regulation 2012

<b>Type of installation:</b>		<b>Number of installations:</b>	
Water Cooling System			
Warm Water system installed in a hospital (Note 1)			
Business Name:			
ABN or CAN (if any):			
Unit/Shop/House No:		Street	
Suburb:		Post Code:	Phone:

**OCCUPIER OF PREMISES** (Mandatory Fields - all boxes must be completed)  
 Occupier of that part of the premises on which the system is located.

Name of Occupier:	
Residential Address:	
Contact Details:	Phone No:
	Mobile No:
	Email Address:

**EMERGENCY CONTACT** (available 24 hours) if different to Occupier

Name:	Phone:
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**SIGNED**

	Dated:
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**NOTES**

<ol style="list-style-type: none"> <li>1. Hospital means:           <ol style="list-style-type: none"> <li>a. A public hospital within the meaning of the Health Services Act 1997, or</li> <li>b. A declared mental health facility within the meaning of the Mental Health Act 2007, or</li> <li>c. A private health facility within the meaning of the Private Health Facilities Act 2007, or</li> <li>d. A nursing home, or</li> <li>e. Any other institution declared by the regulations to be a hospital for the purposes of this definition.</li> </ol> </li> <li>2. Council must be notified within 1 month of installation of a water cooling system or warm water system.</li> </ol>
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**NEED TO CHANGE DETAILS? COUNCIL MUST BE NOTIFIED WITHIN 7 DAYS**

Email: [council@pmhc.nsw.gov.au](mailto:council@pmhc.nsw.gov.au) - No fee required

FEE REQUIRED FOR NEW PREMISES ONLY (Cashier Code 921)

Date:	Receipt No:	Amount:
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