

The Notification of Cooling Towers and Evaporative Condensers Regulations 1992

Please return the completed form to:

**Food and Safety Team
North Somerset Council
Town Hall
Weston-super-Mare
Somerset
BS23 1UJ**

Address where cooling tower/evaporative condenser is to be situated

(Please continue overleaf if necessary)

Name of Premises:

Address:

Tel:

Person(s) in control of premises

(Please continue overleaf if necessary)

Name of Person

Company Name

Address

Tel no:

Out of Hours:

This information is required to enable access to be gained at all times to the notifiable device

How many cooling towers or evaporative condensers are at the address shown in box 1?

Please give a brief location of each piece of equipment being registered at this time.

(e.g. North Works, Main Building, south east corner of 3rd floor roof)

Declarations

Signed

Position

Date

Acknowledgement of The Notification of Cooling Towers and Evaporative Condensers Regulations 1992

To:

Name of person(s) in control

Address

Date of Registration

Number of Cooling Towers Registered

Reference number in case of query