

Working for you

**THE NOTIFICATION OF COOLING TOWERS AND EVAPORATIVE AND CONDENSERS REGULATIONS 1992**

Please return the completed form to: The Inspector  
Food and Occupational Safety Team,  
Department Of Community Services,  
Springfield House,  
Kings Road,  
Harrogate,  
HG1 5NX

**1. Address where cooling tower / evaporative condenser is to be situated:** *Please continue overleaf if necessary*

Name of premises:

Address:

**2. Person(s) in control of premises:** *Please continue overleaf if necessary*

Name of person:

Company name:

Address:

Tel no.

**N.B:** This information is required to enable access to be gained at all times to the notifiable device.

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

**4. Please give brief location of each piece of equipment being registered at this time (i.e. North Works, Main Building, South East Corner of 3<sup>rd</sup> floor roof)** *Please continue overleaf if necessary.*

Declarations

Signed by:

Position:

.....

Acknowledgment: for Local Authority use

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To:

Name of Person(s) in control

Address:

Date of Registration

Number of cooling towers registered

Reference number in case of query

Local Authority Stamp

**Additional details if any:**