

FORM CT-VR1

**Application for Participation of
Voluntary Registration Scheme for Cooling Towers**

Date: _____

To : Director of Electrical and Mechanical Services

Part A :

(To be completed by the Owner / Operator of the cooling tower installation)

Description of Cooling Towers Installation(s)

Location :

Building name : _____
Street no. & name : _____
Floor level of which installed at: _____ Orientation : _____

Total number of Cooling Towers: _____

(If there is more than one cooling tower, please provide information of all installations by duplicating this form)

Cooling Tower no: _____

General Information (Optional)

Year of Installation : _____
Make : _____ Model : _____
Dimension (mm): _____ Operating weight (kg) _____

Chemical Treatment

Type 1 : _____ Dosage : _____
Type 2 : _____ Dosage : _____
Type 3 : _____ Dosage : _____

Distance of separation from nearest (Optional)

Window openings : _____ Ventilation intake : _____
Ventilation exit : _____

Please find attached the following information related to the cooling tower installation(s):

- Location plan of the premise
- Location plan of the installation(s)
- Schematic layout plan of the system(s)
- Programme for routine chemical treatment
- Programme for visual inspection of each cooling tower
- Programme for cleaning and desludging and disinfection of each cooling tower

Part B :

(To be completed by the Owner / Operator of the cooling tower installation(s))

I, _____, the owner /operator of the installation(s), apply for participating the voluntary registration scheme for the above cooling tower installation(s).

I agree for the Director of Electrical and Mechanical Services and his delegated officers to enter the premise located with cooling towers for conducting site checks and water sampling of the cooling towers to minimize the risk of spreading Legionnaires' Disease from operating cooling towers and I agree to submit monthly the following operational information to the the Director of Electrical and Mechanical Services for the above cooling tower installation(s) –

1. the condition of cooling tower shell
2. the condition of supporting framework of the cooling tower shell
3. the true record of details of maintenance of each cooling tower as stipulated in section 4.2.3. of the Code of Practice for Prevention of Legionnaires' Disease 2000 (COP).

Signed by the Owner / Operator :	_____	Date :	_____
Full Name of the Owner / Operator :	_____	Tel no:	_____
Company/if applicable :	_____		
Correspondence Address :	_____		

check the box where applicable