

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

Please return the completed form to:

Development Department, Environmental Health Services, Health and Safety Section,  
Leeds Road, Newton Bar, WAKEFIELD, WF1 2TX

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:

Telephone No:

NB: 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 - (eg. North Works, Main Building, south east corner of 3<sup>rd</sup> floor roof) *Please continue overleaf if necessary.*

Declarations

Signed by:

Position:

Date:

Acknowledgement tear-off: for Local Authority use

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To:

Name of person(s) in control:

Address:

Date of registration:

Local Authority

Stamp

Number of cooling towers registered:

Reference number if case of query:

Additional details if any

DO NOT WRITE IN THIS SPACE: FOR LOCAL AUTHORITY USE ONLY