

NOTIFICATION OF COOLING TOWERS AND EVAPORATIVE CONDENSERS REGULATIONS 1992

1. ADDRESS WHERE COOLING TOWER/EVAPORATIVE CONDENSER IS TO BE SITUATED:

Name of premises:	
Full Postal Address:	
2. DETAILS OF PERSON(S) IN CONTROL OF PREMISES	
This information is required to enable access to be gained at all times to the notifiable device	
Name of Person:	
Full Postal Address:	
T. I. N. I.	
Telephone Number:	
Contact Name:	
3. FURTHER INFORMATION	
How many cooling towers/evaporative	
condensers are at the address given in box 1. Please give a brief location of each piece of	
equipment being registered at this time (for	
example, North Works, Main Building, South	
East corner of 3 rd Floor Roof)	
DECLARATIONS	
I do hereby certify that to the best of my knowledge and belief the above particulars are true	
Signed:	
Dated:	
Position:	