

Application to Become a Certified Approved Auditor of  
Cooling Tower System Risk Management Plans

Surname			
First Name			
Postal address			
			Postcode
Telephone	Business hours		
	Mobile		
	Fax		
Email			
Are you a sole practitioner?	Yes	No	
If No, are you employed by a corporate entity?	Yes	No	
Name of corporation/organisation			
Registered office address of corporation			
			Postcode
Corporation telephone details	Business hours		
	Fax		
Corporation email			

## **Applicant's Declaration:**

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1. Are you aware of any circumstances that would prevent you carrying out the duties of an approved auditor under Part 5B of the Building Act 1993 in an impartial, independent and objective manner?

**Yes / No**

If Yes, please provide details

2. Have you read and understood the requirements of the Building Act 1993 and in particular Section 75GE in relation to avoiding a conflict of interest in respect of the auditing of cooling tower system risk management plans?

**Yes / No**

3. Do you agree to avoid all conflicts of interest as required by Section 75GE of the Building Act 1993?

**Yes / No**

4. Do you agree not to undertake any audits of risk management plans in which you are or may be an interested person<sup>1</sup> as defined in Section 75GE of the Building Act 1993?

**Yes / No**

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<sup>1</sup> Under Section 75GE (1) of the Building Act 1993, an interested person in relation to a cooling tower system means all of the following:

- (a) a person who owns the system; and
- (b) the owner of the land on which the system stands; and
- (c) a person who has the management and control of the system; and
- (d) a person who was involved in the construction or installation of the system; and
- (e) a person who was involved in the maintenance or testing of the system during the period covered by an audit; and
- (f) a person who has written, or has assisted in the writing of, a risk management plan for the system

## **Applicant's Declaration (continued):**

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I have attached documentation to confirm that I have satisfactorily completed the '*Cooling Tower Systems for Auditors*' Training Program.

(Please note: Until this information is received your application cannot be processed)

**Yes / No**

I consent to my name and contact details being published on the Department of Human Services' Legionella Program website.

**Yes / No**

I confirm that to the best of my knowledge the information I have provided in this application is true and correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please post to:**

Manager Environmental Health Unit  
Public Health Group  
Department of Human Services  
GPO Box 1670N  
Melbourne 3001