

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

* Please return the completed form to:

Team Manager (Health & Safety)
Aberdeenshire Council
Towie House
Manse Terrace
Turriff
AB53 4AY

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 -

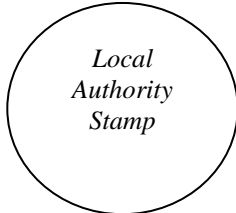
4. Please give brief location of each piece of equipment being registered at this time (North Works, Main Building, south east corner of 3rd floor roof) *Please continue overleaf if necessary*

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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: *Authority*
Number of cooling towers registered:
Reference number in case of query:



*Local
Authority
Stamp*

Additional details if any:

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