

**Provision of Monthly Operational Information for
Evaporative Cooling Tower Installation(s)**

Voluntary Registration Scheme for Cooling Towers

Date: _____
Registration no: _____

To: Director of Electrical and Mechanical Services

Information for month of _____ in Year _____
Cooling tower installation(s) at : _____.

Part A :

This is to confirm that:

1. the cooling tower shell is in good*/fair*/bad* condition
Please specify follow-up action (or any special remarks) : _____

2. the supporting framework of the cooling tower shell is in good*/fair*/bad* condition
Please specify follow-up action (or any special remarks) : _____

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) is attached.
Please specify follow-up action (or any special remarks) : _____

Part B :

(This part is only to be filled when there is any change in information provided in the FORM CT-VR1.)

This is to advise that there is/are alteration(s) in information provided in previously submitted FORM CT-VR1 and the details of alternation has/have been updated as follows:

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

The alternation of above cooling tower installation(s) at (address of premises) _____

_____ have/has been installed in accordance to the attached information.

Signed by the Owner : _____ Date : _____
Full Name of the Owner : _____ Tel no: _____
Company : _____
Correspondence Address : _____

check the box where applicable