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| Cooling tower system risk management plan auditor  |
| RMP Auditor application  |
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# Application for certification as approved auditor of cooling tower system risk management plans.

**Please return completed application to:**

Department of Health

Legionella Team. Email: legionella@dhhs.vic.gov.au

| **Application (please tick)**  |
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| Application  | Re-accreditation | Auditor No.  |

| **Applicant’s contact details**  |
| --- |
|  Surname |   |
| First name  |   |
| Business name  |  |
| Business address  |  |
| Postal address (if different from business address) |  |
| Telephone  |  |
| Mobile  |  |
| Email address  |  |

# Applicants declaration

| 1. **Are you aware of any circumstances that would prevent you carrying out the duties of an approved auditor under Part 7 of the Public Health and Wellbeing Act 2008 in an impartial, independent and objective manner? (Please tick)**
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| Yes  | No  |
| If yes, provide details. |

| 1. **Have you read and understood the requirements of the Public Health and Wellbeing Act 2008 and in particular Section 97 in relation to avoiding a conflict of interest in respect of the auditing of cooling tower system risk management plans? (Please tick)**
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| Yes  | No |

| 1. **Do you agree to follow the department’s guidance materials, including *Guidelines for auditing risk management plans for cooling tower systems?* (Please tick)**
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| Yes | No |

| **I consent to my name and contact details being published on the department’s Legionella program website. (Please tick)** |
| --- |
| Yes | No |

| I **have attached documentation to confirm that I have satisfactorily completed the ‘Cooling tower system for auditors’ training program (new applications only). Note that applications cannot be processed unless this documentation is provided. (Please tick)**  |
| --- |
| Yes | No |

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

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| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

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