

## Form 2: Cooling System Information

For Office Use Only

Registration ID: \_\_\_\_\_ Owner ID: \_\_\_\_\_

Cooling System ID: \_\_\_\_\_

Complete this form for **each** Cooling System within a building.

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

### Important:

A cooling system is:

- A single cooling tower; *or*
- A series of cooling towers that share a water recirculation system or a common reservoir

*List the following information for the main building of your Cooling System:*

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

Cooling System Identifier (site location identifier e.g. east wing): \_\_\_\_\_

Street No.: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Cooling System Operator

☐ Check if same as Cooling Tower/System owner

*Name of the person who is responsible for operation and maintenance:*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

*Mailing address and contact information:*

Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

RR: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Pager: \_\_\_\_\_

# Water Treatment Service Provider

Name of Corporation/Service Provider: \_\_\_\_\_

*Mailing address and contact information of water treatment service provider:*

Address: \_\_\_\_\_

PO Box: \_\_\_\_\_ RR: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

## Cooling System Information

*Purpose of the Cooling System. Check all boxes that apply.*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Air Conditioning       | <input type="checkbox"/> Industrial Process | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Other (Specify): _____ |   |  |

*Nature of the business served by the Cooling System. Check all boxes that apply.*

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Hospital/Health Care    | <input type="checkbox"/> Agriculture  | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Nursing/Retirement Home | <input type="checkbox"/> Education    | <input type="checkbox"/> Warehouse     |
| <input type="checkbox"/> Manufacturing           | <input type="checkbox"/> Residential  | <input type="checkbox"/> Retail        |
| <input type="checkbox"/> Hotel/Accommodation     | <input type="checkbox"/> Dry Cleaning | <input type="checkbox"/> Office        |
| <input type="checkbox"/> Other (Specify): _____  |                                       |  |

Number of **Cooling Towers** in this Cooling System: \_\_\_\_\_

**Note:** Complete Form 3 for **each** Cooling Tower within a Cooling System.

Personal information on this Form is collected under authority of The Health Protection and Promotion Act, R.S.O. 1990, Ch. H7. It will be used for ownership identification and enforcement of the pertinent Regulations under this Act. Contact the Director of Environmental Health if you have further questions.