



WATER CARTERS REGISTRATION FOR DRINKING WATER

Business Name:		
Trading Name:		ABN:
Business Address:		
Suburb:	State:	Post Code:
Postal Address: (<input type="checkbox"/> As Above)		
Suburb:	State:	Post Code:
Business Phone:		Business Fax:
Business Email:		
Contact Person:		Phone:
Water Carting Vehicle 1:	Make/Model:	Registration No:
Water Carting Vehicle 2:	Make/Model:	Registration No:
Water Carting Vehicle 3:	Make/Model:	Registration No:
<input type="checkbox"/> A sheet is attached for addition water carting vehicle details		

CHECKLIST

- I understand I will need to comply with the Food Act 2003 (NSW) and the Food Standards Code.
- I understand that I need to register my water carting operation as a food business at <https://www.service.nsw.gov.au/transaction/notify-food-business-details>
- I understand the requirements for water carters is set out in the Public Health Act 2010 and the Public Health Regulation 2012.
- I understand I must develop and adhere to a QAP and provide a copy of this to my local NSW Health Public Health Unit.
- I have obtained a copy of the NSW Guidelines for Water Carters published by NSW Health from www.health.nsw.gov.au
- I understand the record keeping requirements of my water carting activities and maintenance.
- I will update Council if any business contact details or water carting vehicle details change.

CONTACTS

The NSW Western Local Health District

PO Box 143, BATHURST NSW 2795

Phone: (02) 6330 5880

Fax: (02) 6332 3137

For further information see website: <http://www.health.nsw.gov.au/environment/water/Pages/drinkwater-watercarters.aspx>

DECLARATION

Signature:

Position:

Date:

OFFICE USE

Date Received:

TRIM No:

Entered into Water Carters Register:

Yes No