

Form 2 Notice – Period of non-operation for automatic fluoride dosing equipment or water blending equipment

Water Fluoridation Regulation 2020 – Part 3 section 9(1) and Part 4 section 15(1)

Purpose of form

This form may be used by a public potable water supplier to give Notice to the chief executive if its automatic fluoride dosing equipment or water blending equipment has not been in operation for a continuous period of 14 days.

Date of notification	
Public potable water supplier	
ABN/ACN	
DRDMW Service Provider ID	
Street address of public potable water supplier	
Town/suburb	
Postcode	
Postal address (if different to street address)	
Name of treatment plant	
Location of treatment plant	

Details of the period of non-operation

Commencement date of period of non-operation	
Expected duration	
Reason for non-operation	
Action taken to remedy matter	

Details of person submitting Notice

Principal contact name	
Principal contact position	
Telephone number	
Email	

This Notice may be submitted to:

Email: fluoride@health.qld.gov.au

Post: Chief Executive, Department of Health, C\ - Director, Water Unit, PO Box 2368, FORTITUDE VALLEY BC QLD 4006

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