

Drinking Water Management System-Review and Audit

Notice of external audit of drinking water management system



Water utilities need to engage an NSW Health approved reviewer to complete external audits of drinking water management systems. Water utilities engaging a reviewer to conduct an external audit of their drinking water management system should complete the following form with their preferred reviewer. Further information about external audits is provided in the *NSW Guideline for Review and Audit of Drinking Water Management Systems*.

NOTICE:

This notice relates to the external audit of the drinking water management system for:

WATER UTILITY DETAILS:

Family name: _____ Given name: _____

Business name: _____ Business address: _____

Postal address (if different from business address): _____

Company address (head office). This may be the company's registered address: _____

Phone (business hours): _____ Mobile: _____

Fax: _____ ABN or ACN: _____

Email: _____

DWMS REVIEWER DETAILS:

Family name: _____ Given name: _____

Business name: _____ Business address: _____

Postal address (if different from business address): _____

Company address (head office). This may be the company's registered address: _____

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DWMS REVIEWER DETAILS (cont.):

Phone (business hours): _____ Mobile: _____

Fax: _____ ABN or ACN: _____

Email: _____

Is the reviewer approved by NSW Health to review drinking water management systems?: Yes No

CONFLICT OF INTEREST DECLARATION:

DWMS reviewer to provide a statement acknowledging your independence, impartiality and avoidance of a conflict of interest in respect to conducting an external audit of the drinking water management system for:

I (name): _____

of (address): _____

Declare that (check all that apply):

I do not have any personal bias which would affect decisions in relation to the water utility being audited

I have not been employed or engaged (consultancy) by the water utility being audited, in the previous two years.

No one will be used on the audit team who does not also satisfy the above criteria.

DWMS Reviewer signature: _____

Date: _____

Please submit to local PHU [Contact details for Public Health Units](#)