

Cooling Water System Installation Inspection

Date: / / (dd/mm/yyyy)

Start time: / / (24hr time format)

PREMISES DETAILS:

Premises name: _____

System Address: _____

Notified to local government authority: Yes No

Council registration/ID no. for CWS: _____

Unique Identification Number (UIN) for CWS: _____

Risk Management Plan completed: Yes No

If yes, date completed: / / (dd/mm/yyyy)

CWS Current Risk Level: _____

No. of towers in CWS: _____

System type: _____

Make/model: _____

Location on site: Inside Outside

CONTACT DETAILS:

Occupiers name: _____

Street address: _____

Postal address: _____

Mobile (24 hr contact): _____

Email: _____

ABN/ACN: _____

OTHER CONTACTS:

Building Manager:

Name: _____

Phone: _____

Email: _____

Water Treatment Company:

Name: _____

Phone: _____

Email: _____

OTHER CONTACTS (CONT):

Servicing Company:

Name: _____

Phone: _____

Email: _____

Water sampling contractor – micro:

Name: _____

Phone: _____

Email: _____

Water sampling contractor – chemical:

Name: _____

Phone: _____

Email: _____

Competent person:

Name: _____

Phone: _____

Email: _____

Other:

Name: _____

Phone: _____

Email: _____

URGENT CONTACT:

Name: _____

Phone: _____ Alternate phone: _____

Email: _____

OR Same as contact already listed: _____
(specify which)

NOTE: Urgent contact person/organisation must be able to provide required documentation to regulatory authorities (e.g. Council or NSW Health) within 4 hours of that documentation being requested via phone and/or e-mail.

INDICATE THE FOLLOWING: **COMPLIANCE**, **NON-COMPLIANCE**, **NOT OBSERVED** or **NOT APPLICABLE**

COMPLIANCE WITH PUBLIC HEALTH REQUIREMENTS:

Compliance with the Public Health Act 2010

Installation carried out by a duly qualified person (DQP) (s28(2))

Installer details: _____

The DQP appears to be competent

Compliance with the Public Health Regulation 2022 and AS/NZS 3666.1:2011

UIN displayed on each cooling tower (section 10(1))

The sign that the UIN is displayed on is:

- at least 148mm by 210mm (A5 size)
- clearly visible to a person examining or inspection the CWS
- made of a durable material

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INDICATE THE FOLLOWING: **COMPLIANCE**, **NON-COMPLIANCE**, or **NOT OBSERVED**

COMPLIANCE WITH PUBLIC HEALTH REQUIREMENTS (CONT):

Compliance with the Public Health Regulation 2022 and AS/NZS 3666.1:2011

Easy and safe access (section 9(3)(c))

Provision for maintenance (4.1.2)

Automatically controlled continuous water treatment system (4.1.3)

Materials for systems components compatible (4.1.4)

Cooling tower design and materials (4.1.5)

- Ease of maintenance
 - Tower fill removable for cleaning
 - Internal surfaces smooth
 - Drift eliminators installed and easy to inspect, clean and maintain
 - No by-pass around drift eliminators
 - No splash out
-

Exhaust not directed toward occupied areas, pedestrians, walkways, air intakes and building openings (4.3)

Location (4.3) avoids contamination from exhaust discharges

Sunlight excluded from wetted areas of tower (4.6)

Commissioning – flushed and chemically cleaned (4.7)

Operation manual provided on site (4.7)

Maintenance manual provided on site (4.7)

Manuals comply with AS/NZS 3666.2:2011 (Drawings, supplier's recommendations, cleaning and dismantling instructions, start up and shut down procedures, maintenance management program)

INSPECTION OUTCOME:

INSPECTION RESULT:

Satisfactory

Not satisfactory

COMMENTS/DIRECTIONS:

OFFICER DETAILS:

Name: _____

Title: _____

Signature: _____ Print and Sign

Organisation: _____

Date: / / (dd/mm/yyyy) End time: / (24hr time format)

Phone: _____

Email: _____

PERSON SPOKEN TO ONSITE:

Name: _____

Title: _____

Signature: _____ Print and Sign

Date: / / (dd/mm/yyyy)

Phone: _____

Email: _____

NOTE: Prior to commissioning, an inspection of the CWS by an officer authorised under the Public Health Act 2010 must have resulted in a satisfactory outcome.