

Warm 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 warm water system (WWS): _____

Commissioning date:
_____ / _____ / _____ (dd/mm/yyyy)

Type of WWS: Warm water TMV

Model: _____

Serial number: _____

WWS location on site: _____

WWS treatment system: _____
(if provided)

CONTACT DETAILS:

Occupier's name: _____

Street address: _____

Postal address: _____

Mobile (24 hr contact): _____

Email: _____

ABN/ACN: _____

OTHER CONTACTS:

Building Manager:

Name: _____

Phone: _____

Email: _____

Other:

Name: _____

Phone: _____

Email: _____

URGENT CONTACT:

Name: _____

Phone: _____

Alternate phone: _____

Email: _____

OR

Same as contact already listed: _____
(specify which)

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

COMPLIANCE WITH PUBLIC HEALTH REQUIREMENTS:

**Installation/
Competency²**

Carried out by a competent duly qualified person (DQP). DQP details:

Access^{3,4}

Safe and easy access

Materials⁴

Materials corrosion resistant

COMPLIANCE WITH PUBLIC HEALTH REQUIREMENTS (CONT):

Water Treatment (optional)⁴	Conveniently located for inspection, maintenance and operation
Water Storage Tanks⁴	Access for inspection/cleaning, rapid drainage/refilling & cover to prevent ingress of foreign matter
Layout⁴	Water reticulation system designed with minimum dead legs. Any dead legs capable of being flushed.
System Approval⁵	WWS is approved by NSW Health
Commissioning Report⁴	Report readily available upon request Note: Template for TMVs is available in Appendix 1 of NSW Health PD2015_008

¹Public Health Act 2010 – Section 28

²Public Health Act 2010 – Section 26

³Public Health Regulation 2022 – Section 7(4)(b)

⁴Australian/New Zealand Standards 3666.2:2011

⁵Public Health Regulation 2022 – Section 7(2)(b)

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: _____