

Warm Water System Operation and Maintenance Inspection

Date: / / (dd/mm/yyyy)

Start time: / (24hr time format)

INSPECTION TYPE:

Routine Complaint Outbreak investigation
Reinspection Reportable Legionella detection

PREMISES DETAILS:

Premises name: _____

System address: _____

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: _____

Water Treatment Company:

Name: _____

Phone: _____

Email: _____

Servicing Company:

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:****Operation and maintenance¹/ Competency²**

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

Access^{3,4}

Safe and easy access

Water Treatment (optional)⁴

Treatment system inspected monthly

Water Storage Tank⁴

Water storage tank cleaned and disinfected in accordance with AS/NZS 3500.1

COMPLIANCE WITH PUBLIC HEALTH REQUIREMENTS (CONT):

Operation and Maintenance Manuals⁴	Operation and maintenance manuals include: drawings, recommended maintenance frequency, cleaning/decontamination procedures, start and shut down procedures, maintenance management program. Maintenance records up to date Operation and maintenance manuals readily available at the site
Maintenance Precautions⁵	Maintenance precautions are observed when maintenance is being carried out
Compliance with PD 2015_008⁶	Monthly temperature check undertaken Temperature and colour codes comply Dead legs in pipe work shall not exceed 10 lineal metres or contain greater than 2 litres of water whichever is the lesser If TMV system, service report completed
Microbiological Sampling Program⁶	<ul style="list-style-type: none"> Frequency of sampling: Number of samples per site:
Response Protocol⁶	Legionella detection response protocol readily available on site

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 23
⁶Public Health Regulation 2022 – Section 7(5)(b) and NSW health policy *Requirements for the Provision of Cold and Heated Water (PD2015_008)*

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: _____