

Water Cooling System – Installation Audit Tool

**Public Health (Microbial Control) Regulation 2000, Clause 8 and
AS/NZS 3666.1:2002**

Council: _____

A PREMISES DETAILS:

Premises Name: _____

Address: _____ Suburb: _____ Postcode: _____

Owner Name: _____ Occupier Name: _____

WCS Identification: Model: _____ SN: _____

WCS Location on Site: _____

Registration Number: _____ Registration details complete? Yes No

Registration details match with above? Yes No

Commissioning Date: ____/____/____

Number of other WCS on site? _____

B AUDIT DETAILS (for WCS installed after 5 August 1995)

Compliance with Section 45 of the Public Health Act

• Was the installation carried out by a contractor? (S45.3) Yes No

• Installation contractor details: _____

• Is the contractor reasonably expected to be competent? Yes No

Compliance with Clause 8(b) Public Health (Microbial Control) Regulation

• Operation manual provided on site? Yes No

• Maintenance manual provided on site? Yes No

• Manuals comply with AS/NZS 3666.2:2002? (Reg Cl 8(b))
(Drawings, suppliers recommendations, cleaning and
dismantling instructions, start up and shut down procedures,
maintenance management program) Yes No

Water Cooling System – Installation Audit Tool
Public Health (Microbial Control) Regulation 2000, Clause 8 and
AS/NZS 3666.1:2002

Compliance with AS/NZS 3666.1:2002

- Easy and safe access? (4.1.1) Yes No
- Provision for shutdown? (4.1.2) Yes No
- Automatically controlled continuous water treatment system? (4.1.3) Yes No
- Process of disinfection certified yet? (CI 9(2)(b) Reg) Yes No
- Cooling tower design and materials? (4.1.5) Yes No
 - Ease of maintenance? Yes No
 - Tower fill removable for cleaning? Yes No
 - Internal surfaces smooth? Yes No
 - Drift eliminators installed and easy to inspect clean and maintain? Yes No
 - No by-pass around drift eliminators? Yes No
 - No splash out? Yes No
- Location (4.3) aimed away from possible human exposure? Yes No
- Solids control, (4.5) not located adjacent to fill point? Yes No
- Sunlight excluded from wetted areas of tower? (4.6) Yes No
- Comply with building approval? Yes No

C RECOMMENDATIONS:

Environmental Health Officer: _____ Signature: _____

Date: ___ / ___ / ___