# *NSW Health – Legionella Control in Cooling Water Systems*

# Approved Form 2: Audit report



## Purpose of the approved form

The *Public Health Regulation 2022* (the Regulation) requires an audit of compliance with the Risk Management Plan (Approved From 1) and Regulation to be conducted every year. This audit report form is provided to assist the independent auditor in carrying out the audit.

This audit report is an approved form under section 14 of the Regulation. The certificate of audit completion must be provided to the Local Government Authority (LGA) no later than 7 days after the audit is completed. If requested by the LGA, the entire Approved Form 2 must be provided. Further guidance on how to carry out an audit is provided in the [*NSW Guidelines for Legionella Control in Cooling Water Systems*](https://www.health.nsw.gov.au/environment/legionellacontrol/Pages/guidelines-legionella-control.aspx) (the Guidelines).

## Site and contact details

Provide the name, phone numbers (business hours, after hours and mobile numbers), email address, and postal address for each of the contact persons listed below.

|  |  |
| --- | --- |
| Record | Details |
| Site address |  |
| Cooling water system details (number of cooling towers, and unique identification number for each cooling tower) |  |
| Local Government Authority (where this system is located) |  |
| Occupier name and contact details (the person or entity who owns the system) |  |
| Building manager name and contact details (the person who manages the system on behalf of the occupier) |  |
| Competent person name and contact details (the person who signs the RMP) |  |
| Duly qualified person name, employer and contact details (person managing the system on a day-to-day basis) |  |
| Water treatment provider name and contact details  (if different to duly qualified person) |  |
| Water sampling\* contractor name and contact details (if different to duly qualified person). (\*If microbiological and chemical sampling is carried out by separate contractors, identify both) |  |
| Mechanical services contractor name, employer and contact details (person who manages the system in aspects other than water treatment) |  |
| Laboratory\* (name and NATA accreditation details). (\*If separate laboratories are used for microbiological and chemical analysis, identify both) |  |

## Period covered by this audit

|  |  |
| --- | --- |
| Record | Dates |
| Period being audited (12 month period)\* | to |
| Period covered by current RMP (up to 5 year period) | to |

\* Audit Period is the 12-months period after a risk assessment is completed. The occupier must notify the LGA for the area, in the approved form, no later than 7 days after the risk assessment is completed.

## Documents for audit

Identify whether the following documents have been completed and provided for auditing. Documents are provided by the occupier or duly qualified person. Collect these documents in this step.

|  |  |  |  |
| --- | --- | --- | --- |
| Documentation provided | Yes | No | N/A |
| Current valid RMP – 1 count |  |  |  |
| Monthly report covering the following items – 12 counts   * Inspection * Maintenance (including servicing) * Chemical analysis * Microbial testing (for *Legionella* count and heterotrophic colony count) |  |  |  |
| Records of actions required to be completed by the RMP during this audit period (for example, removal of a dead leg or replacement of a drift eliminator) |  |  |  |
| Records of actions taken to address non-compliance identified by previous audit (including photographs and receipts as evidence of compliance) |  |  |  |
| Records of any notifications made to the Local Government Authority (for example, notification of a reportable test result) |  |  |  |
| Records of enforcement action taken by a Local Government Authority or NSW Health (for example, improvement notices and prohibition orders) |  |  |  |
| Records of additional actions taken in order to comply with the RMP, authorised officer requirements, or for any other reason |  |  |  |

## Compliance with Risk Management Plan (RMP) and Regulation

Assess compliance with the RMP and Regulation in this step, based on documents collected in the previous step. Auditors should keep a record of documents (and elements of the RMP) that were checked during the audit using their own worksheets, which can be attached to this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Compliance demonstrated | Yes | No | N/A |
| Actions, control strategies and monitoring documented in the RMP (see “Maintenance plan” section) were completed |  |  |  |
| Actions, control strategies and monitoring documented in the RMP (see “Maintenance plan” section) were completed, within the timeframe required by the RMP |  |  |  |
| Actions required by the Regulation were completed: |  |  |  |
| * Sampling in accordance with AS3666.3:2011: |  |  |  |
| * + testing the cooling water system for *Legionella* count and heterotrophic colony count (HCC), every month – 12 counts, and |  |  |  |
| * + sampling not within 72 hours of cleaning/ disinfection |  |  |  |
| * If *Legionella* detected and/ or HCC ≥ 100,000 cfu/mL (refer to Tables 3.1 and 3.2 of AS3666.3:2011): |  |  |  |
| * + Remedial action taken immediately |  |  |  |
| * + Retest conducted within 3-7 days of operation after disinfection |  |  |  |
| * + HCC ≤ 100,000 cfu/mL after retest |  |  |  |
| * + *Legionella* not detected in two consecutive samples\* after initial detection (\*separate from routine monthly sampling) |  |  |  |
| * Notifying the Local Government Authority of a reportable test result, within 24 hours of receiving the result – compare date and time on laboratory test report with date and time that Approved Form 4 was received by local government authority |  |  |  |
| * Providing the Local Government Authority with a certificate of RMP completion, within 7 days of receiving the document – recorded on Approved Form 1 |  |  |  |
| * Providing the Local Government Authority with a certificate of audit completion, within 7 days of receiving the document – recorded on previous Approved Form 2 |  |  |  |
| * Preparing a monthly report of inspection, microbial testing, and chemical analysis, every month – 12 counts, recorded on Approved Form 3 |  |  |  |
| * Completing the audit within 2 months after the end of the audit period |  |  |  |
| Actions to address non-compliance identified by the previous audit were taken |  |  |  |

## Audit non-compliance

Assess compliance with the RMP and Regulation in this step, based on documents collected in the previous step. Auditors should keep a record of documents (and elements of the RMP) that were checked during the audit using their own worksheets, which can be attached to this form.

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| List of non-compliance demonstrated by this audit |
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*Attach documents, worksheets and photographs to support the audit findings after this page.*

Certificate of audit completion

## Site details

|  |  |
| --- | --- |
| Record | Details |
| Site address |  |
| Cooling water system details (number of cooling towers, and unique identification number for each cooling tower) |  |
| Local Government Authority (where this system is located) |  |

## Outcome of audit

|  |  |
| --- | --- |
| Record | Details |
| Date of audit completion |  |
| Date of notification to occupier |  |
| Date when next audit is required (an audit is required for every 12 month period calculated based on the month when the risk assessment was completed). Refer to the Guidelines for further information. |  |
| **Compliance with RMP and Regulation demonstrated** | Compliant  Non-compliant |

## Period covered by this audit

|  |  |
| --- | --- |
| Record | Dates |
| Period being audited (12 month period)\* | to |
| Period covered by current RMP (up to 5 year period) | to |

\* Audit Period is the 12-months period after a risk assessment is completed. The occupier must notify the LGA for the area, in the approved form, no later than 7 days after the risk assessment is completed.

## Audit non-compliance

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| List of non-compliance demonstrated by this audit |
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## Declaration by independent auditor

*I declare that I have been approved by the Secretary of NSW Health to audit cooling water systems, and that I meet the independence requirements set out in the Regulation.*

|  |  |
| --- | --- |
| Name of independent auditor | Contact details (phone number, email, postal address) |
|  |  |
| Signature of independent auditor | Date |
|  |  |
| NSW Health auditor number | Employer (name of company or organisation) |
|  |  |

## Local Government Authority use

|  |  |
| --- | --- |
| Record | Details |
| Date received |  |
| Name and position of receiving officer |  |
| Certificate of audit completion received within 7 days of completion (date of declaration above) | Yes  No |
| Audit completed within 2 months after the end of the audit period | Yes  No |

|  |  |
| --- | --- |
| Action taken (date and time): | |
|  | Unique identification numbers confirmed |
|  | Auditor number and current registration confirmed |
|  | Register of cooling water systems updated |
|  | Flagged for follow up |
|  | Desktop (off site) follow up |
|  | Site investigation and inspection |
|  | Improvement notice issued |
|  | Prohibition order issued |