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

# Approved Form 3: Monthly report


## Purpose of the approved form

The *Public Health Regulation 2022* (the Regulation) requires a monthly report to be prepared in accordance with Australian Standard (AS/NZS) 3666 Part 3, and the Risk Management Plan (RMP) in relation to inspection, maintenance (including servicing), chemical analysis, and microbial testing. This monthly report form is provided to assist the person preparing a monthly report. Additional information can be attached to this form. The auditor may request additional information for verification purposes.

This monthly report is an approved form under section 17 of the Regulation. It provides information on the cooling water system (CWS) and is used to demonstrate compliance with reporting requirements. The different sections of this form may need to be completed by different persons or organisations, however, the occupier (or DQP if engaged by the occupier to maintain or operate the CWS) is ultimately responsible for ensuring this form is completed every month and provided to the auditor at the end of the 12 month audit period. Further information 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) |  |
| **Duly qualified person** |
| Duly qualified person/s name/s (the person/s who attended the site during this month) |  |
| Employer and contact details (the person or entity who operates or maintains the system) |  |

## Period covered by this monthly report

|  |  |
| --- | --- |
| Record | Dates |
| Period being reported (calendar month) | to |
| Period covered by current RMP (up to 5 year period) | to |
| Date(s) of inspection(s) carried out this month |  |

## Microbial testing – in accordance with section 3.2 and 3.3 of AS/NZS 3666.3:2011

| Record | Results (in cfu/mL) | Date(s) sampled |
| --- | --- | --- |
| *Legionella* count |  |  |
|  |  |
|  |  |
|  |  |
| Heterotrophic colony count |  |  |
|  |  |
|  |  |
|  |  |

## Chemical analysis – in accordance with section 3.4 and 3.5 of AS/NZS 3666.3:2011

| Record | Results | Date(s) tested |
| --- | --- | --- |
| Conductivity/TDS |  |  |
|  |  |
|  |  |
|  |  |
| pH |  |  |
|  |  |
|  |  |
|  |  |
| Other criteria necessary for effective management of corrosion, scaling, fouling and microbial growth |  |  |
|  |  |
|  |  |
|  |  |
| Temperature (measured at the return line) |  |  |
|  |  |
|  |  |
|  |  |

## Inspection and other checks – in accordance with section 3.4 of AS/NZS 3666.3:2011

| Record | Results | Date(s) reviewed |
| --- | --- | --- |
| Physical condition of the system |  |  |
|  |  |
|  |  |
|  |  |
| Operation of the bleed control system |  |  |
|  |  |
|  |  |
|  |  |
| Operation of the make-up water system (including chemical dosing and control system)  |  |  |
|  |  |
|  |  |
|  |  |
| Cycles of concentration |  |  |
|  |  |
|  |  |
|  |  |
| Corrosion rate (involving monthly visual assessment and/or quarterly laboratory testing, as required by the RMP)  |  |  |
|  |  |
|  |  |
|  |  |
| Adequacy of scale and corrosion inhibition |  |  |
|  |  |
|  |  |
|  |  |
| Cleanliness of wet surfaces (visibly free from accumulations of sludge, foam, slime, rust, scale, dirt and larger mineral or organic deposits)  |  |  |
|  |  |
|  |  |
|  |  |
| Date of most recent cleaning (in accordance with the RMP)  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Changes in the local environment (for example, local building demolition or construction, which should be recorded if noted during inspection) |  |  |
|  |  |
|  |  |
|  |  |

## Remedial actions taken or recommended – in accordance with section 3.4 and 3.7 of AS/NZS 3666.3:2011

Note any remedial actions taken or recommended by the duly qualified person during this month. Actions may be taken in response to a significant change in the local environment, work practices or equipment. The duly qualified person can use this step to prompt the occupier to engage a competent person to take preventative or corrective actions, and potentially undertake a new risk assessment and RMP.

|  |
| --- |
| List of remedial actions taken or recommended this month |
|  |  | Action taken |
|  |  | Action taken |
|  |  | Action taken |
|  |  | Action taken |
|  |  | Action taken |
|  |  | Action taken |

*Attach documents and photographs to support the monthly report after this page.*

*The Regulation requires certain results and records to be kept on the premises and made available immediately, or kept electronically and made available within 4 hours of request. These include: operating and maintenance manuals; RMPs; results of microbial testing and chemical analysis; and maintenance records (in accordance with section 3.7 of AS/NZS 3666.3:2011).*

## Details of person completing the form

|  |  |
| --- | --- |
| Name of person completing the form | Contact details (phone number, email, postal address) |
|  |  |
| Signature of person completing the form | Date |
|  |  |
| Role of person completing the form | Employer (name of company or organisation) |
|  |  |