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

# Approved Form 5: Application for approval to audit cooling water systems



## Purpose of the approved form

Section 14 of the *Public Health Regulation 2022* (the Regulation) requires an auditor to assess the compliance of a cooling water system with the requirements of the Risk Assessment (as required by AS/NZS 3666.3:2011) and the Regulation over a 12 month audit period. An audit must be carried out by a person who has been approved by the Secretary as an auditor.

This form must be completed by the applicant to comply with section 15 of the Regulation. Further information about the criteria for approval to conduct audits 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).

## Application

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| This notification relates to (please check): |  | New Application |  | Re-approval |

## Part 1 - Applicant details

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| Contact information | Details |
| Family name |  |
| Given name |  |
| Business name |  |
| Business address |  |
| Postal address (if different from business address) |  |
| Company address (head office)  This may be the company’s registered address |  |
| Telephone (business hours) |  |
| Mobile |  |
| Fax |  |
| Email |  |
| ABN or ACN |  |

## Part 2 - Qualifications, professional certifications, registrations and licences

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| TAFE NSW course BSBAUD503 - Lead a Quality Audit completed? | Yes |  | No |  |
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| Please attach certified copies of original certificates, registrations, licences (including NSW Fair Trading licence), and qualifications (provide transcripts to confirm study in an appropriate area, for example: air conditioning) | Institution and year attained | | | |
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## Part 3 - Appropriate experience

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| **Provide a statement and supporting documentation, including a curriculum vitae with a brief summary of relevant work experience and the time periods involved in conducting audits and working in a comparable area to cooling water systems.** |
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| **Provide the names and contact details of two referees who can verify this information and describe the referees’ relationship to the applicant.** |
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## Part 4 - Mutual recognition

This section should only be completed if an applicant has not attained TAFE NSW course BSBAUD503 - Lead a Quality Audit and is applying for mutual recognition of qualifications in cooling water system auditing from another jurisdiction under the *Mutual Recognition (New South Wales) Act 1992* or *Trans-Tasman Mutual Recognition (New South Wales) Act 1996*.

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| Details of current cooling water system auditor certification (provide certified copies of current certification). | Issuing authority, certification number, and expiry date. |
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## Part 5 - Applicant’s independence (Section 15 of the Regulation)

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| The Regulation requires an auditor of a particular cooling water system to be independent of: the person that undertook the risk assessment, the occupier, a duly qualified person who installed and operates or maintains the cooling water system in the previous 5 years, and from a laboratory that carried out monthly testing of the cooling water system in the previous 5 years.  Provide a statement acknowledging your obligation to comply with section 15 of the Regulation and attach supporting evidence to demonstrate independence, impartiality and avoidance of a conflict of interest in respect to conducting audits of cooling water systems. | | | | |
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| Part 6 - Personal History | | | | |
| Have you previously been denied approval to undertake an auditing role, or have you had an auditing approval revoked in the past? If yes, please provide further details. | Yes |  | No |  |
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## Part 7 - Declaration

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| I, (clearly print full name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  being the applicant, apply for approval to audit cooling water system Risk Management Plans under the *Public Health Regulation 2022* section 15. I confirm that I will conduct audits in compliance with the *Public Health Regulation 2022* section 15 and that:   * I understand that a 100 point identity check, qualifications, certifications, and independence checks may be undertaken as part of the application and approval process and I give NSW Health permission to conduct these checks. * The application form and all documentation submitted in support of the application is to the best of my knowledge true, accurate and complete. * I consent to my name and contact details being published on NSW Health’s website. * I consent to NSW Health conducting reference checks in regard to personal history, qualifications and experience. | |
| Signature |  |
| Date |  |
| Please check your application to ensure that all sections have been completed and all supporting information is provided or attached. Incomplete applications will be declined. | | |