

**Warm Water System
– Installation Inspection Checklist**

**Clauses 6 & 11, Public Health Regulation 2012, and
AS/NZS 3666.1:2011**

Council: _____ Public Health Unit: _____

A PREMISES DETAILS:

Premises Name: _____

Address: _____ Suburb: _____ Postcode: _____

Owner Name: _____ Occupier Name: _____

WWS Identification: Model: _____ Serial No: _____

WWS Location on Site: _____

Registration Number: _____ Registration Details complete? Yes No N/A

Registration details match with above? (Section 31, Clause 11) Yes No N/A

Commissioning Date: ____/____/____

Number of other WWS on site? _____

B AUDIT DETAILS

- Type of WWS Tepad TMV
- Measured temperature of operation < 60°C? Yes No
- Nominated temperature of operation. _____°C

Compliance with Section 28 of the Public Health Act 2010

- Was installation carried out by a duly qualified person? (S28) Yes No

• Contractor details: _____

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- Is the duly qualified person reasonably expected to be competent?(S26) Yes No

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Compliance with Clause 6 Public Health Regulation 2012

- Installed in Accordance with AS/NZS 3666.1: 2002
 - Safe & easy access? (CI 7(3)) 3.1.1, 3.1.2 Yes No
 - Corrosion resistant materials? 3.1.3 Yes No
 - Water treatment units (optional) conveniently located? 3.1.5 Yes No
 - Water storage tanks satisfactory? (mandatory requirement) 3.1.6 Yes No
 - Does the WWS automatically produce warm water for ablution purposes at a health care facility? If so, has it been approved by NSW Health? CI 6(4) Yes No
 - If the WWS is a TMV has a commissioning report in accordance with the TMV Code of Practice available? Yes No
 - If the WWS is **not** a TMV is a commissioning report available? Yes No

C RECOMMENDATIONS:

Environmental Health Officer: _____

Signature: _____

Date: ___ / ___ / ___

(NOTE: On commissioning, the WWS must also satisfy the *Operation and Maintenance Inspection Checklist*)