Warm Water System
– Installation Inspection Checklist


Council: _________________________  Public Health Unit: ________________

A PREMISES DETAILS:

Premises Name: __________________________________________________________
Address: _______________________ Suburb: _______________ Postcode: _____
Owner Name: __________________  Occupier Name: _______________________
WW5 Identification:  Model: __________ Serial No: ____________________________
WW5 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  □ Tepid □ 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: ____________________________________________________

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

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

Compliance with Clause 6 Public Health Regulation 2012

- Installed in Accordance with AS/NZS 3666.1: 2002
  - Safe & easy access? (Cl 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? Cl 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)