

Warm Water System – Operation and Maintenance Inspection Checklist

Clauses 7, 8, 9 & 11, Public Health Regulation 2012 and AS/NZS 3666.2:2011

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 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

- Is O&M carried out by a duly qualified person? (S28) Yes No
- Duly qualified person details : _____

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

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Compliance with Clause 7 & 8 Public Health Regulation – Operation & Maintenance and (AS/NZS3666.2:2002)

- Safe and easy access? (CI 7(3)) Yes No
- Operation manual provided on site? (2.6.3) Yes No
- Maintenance manual provided on site? (2.6.3) Yes No
- Manuals comply with AS/NZS 3666.2:2002? (2.6.1)
(Drawings, suppliers recommendations, cleaning and dismantling instructions, start up and shut down procedures, maintenance management program) Yes No
- Maintenance records up to date? (2.6.2) Yes No
- And on site? (2.6.3) Yes No
- Equipped with a water treatment unit? (2.4.1) (optional) Yes No
- Has the water storage tank (tepid system) been cleaned? (2.4.2) Yes No

Compliance with Clause 9 Public Health Regulation 2012

- Are maintenance precautions being observed when maintenance is being carried out? Yes No N/A

Compliance with Clause 8(7) Public Health Regulation 2012 → NSW Health Document “Requirements for the Provision of Cold and Heated Water”

- Monthly temperature check? Yes No
- Temperatures and colour codes comply? Yes No
- If the WWS is a TMV has a service report in accordance with the TMV Code of Practice been completed? Yes No
- Has the TMV service interval exceeded 12 months? Yes No

C RECOMMENDATIONS:

Environmental Health Officer: _____

Signature: _____

Date: ___ / ___ / ___