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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AS/NZS 3666.2:2011

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

- Safe and easy access? (Cl 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)  
  - 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: ___ / ___ / ___