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| **Date:**  Click or tap to enter a date.  **Time:** Click or tap here to enter text. | **Inspection Type:** | Routine  Reinspection  Complaint  Outbreak  investigation | Failed audit  RMP review  Reportable HCC result  Reportable Legionella  result |

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| **Premises Details** |  |
| Council ID for Cooling Water System (CWS) | Click or tap here to enter text. |
| CWS Current Risk Level | Choose an item. |
| Total number of cooling towers in system | Click or tap here to enter text. |
| Unique Identification Number/s (UIN) | Click or tap here to enter text. |
| System Address | Click or tap here to enter text. |
| System Type | Click or tap here to enter text. |
| Make/Model | Click or tap here to enter text. |
| Location on site | Inside Location within building: Click or tap here to enter text.  Outside Details: Click or tap here to enter text. |

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| **Contact Details** |  |
| Occupier’s name | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| Postal Address | Click or tap here to enter text. |
| Mobile (24hr contact) | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| ABN/ACN | Click or tap here to enter text. |

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| **Other Contacts** | **Name** | | | **Phone** | | **Email** |
| Building Manager | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Water Treatment Company | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Servicing Company | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Water sampling contractor - micro | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Water sampling contractor - chemical | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| **Urgent Contact Name** | | **Phone** | **Alternative phone** | | **Email** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |

**OR**

☐ **Same as contact already listed, specify which:** Click or tap here to enter text.

**Note: Urgent contact person/organisation must be able to provide required documentation to regulatory authorities (e.g. Council or NSW Health) within 4 hours of that documentation being requested via phone and/or e-mail.**

*Indicate the following: Compliance, Non-compliance, or Not observed*

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| **Documentation** | |  | |  | | |  |
| Current RMP is in place. | | | Choose an item. | | | | |
| Remedial actions in RMP are being addressed. | | | Choose an item. | | | | |
| System is audited annually. | | | Choose an item. | | | | |
| Monthly report is being completed. | | | Choose an item. | | | | |
| Operation and maintenance manuals on site. | | | Choose an item. | | | | |
| Electronic records available within 4hrs of request. | | | Choose an item. | | | | |
| **Display of UIN** | | | | | | | |
| UIN displayed on each cooling tower in approved manner | | | Choose an item. | | | | |
| **Microbial Sampling** | | | | | | | |
| Sampling is undertaken monthly and tested by a NATA accredited laboratory. | | | Choose an item. | | | | |
| Sample is collected at least 72hrs after disinfection/decontamination/cleaning. | | | Choose an item. | | | | |
| Sampling point on the return leg of chemical dosing. | | | Choose an item. | | | | |
| Sample <100 000cfu/ml HCC and <10cfu/ml Legionella within last 12 months. | | | Choose an item. | | | | |
| If Non-compliance: | | |  | | | | |
| * Council notified of reportable test results within correct timeframe. | | | Choose an item. | | | | |
| * Remedial action taken as per Table 3.1/3.2 of AS/NZS 3666.3:2011. | | | Choose an item. | | | | |
| If a water sample is collected during the inspection for testing, please indicate the sample location:   |  |  |  | | --- | --- | --- | | Sample point | Basin | Other: Click or tap here to enter text. | | | | | | | | |
| **Risk** | **Item Assessed** | | | |  |  | |
| **Stagnant water** | CWS in continuous operation (i.e. not shut down for periods >48 hours) or otherwise drained, cleaned and kept dry if operated intermittently or seasonally. | | Choose an item. | | | | |
| No dead legs observed. | | Choose an item. | | | | |
| Other: Click or tap here to enter text. | | Choose an item. | | | | |
| **Nutrient availability and growth** | CWS visibly clean with no signs of sludge, slime, sediment, biofilm, algae, fungi, rust, dust, dirt or foreign material. | | Choose an item. | | | | |
| CWS cleaned at frequency in accordance with RMP. | | Choose an item. | | | | |
| Direct sunlight prevented from entering wetted areas. | | Choose an item. | | | | |
| Other: Click or tap here to enter text. | | Choose an item. | | | | |
| **Poor water quality** | Chemicals are automatically dosed, or automatic continuous water treatment system is installed | | Choose an item. | | | | |
| Adequate chemical volume remaining in chemical containers | | Choose an item. | | | | |
| Chemical supply lines clear from blockage and not kinked | | Choose an item. | | | | |
| Monthly servicing and water sampling completed. If servicing is outside of specified control range in RMP, appropriate corrective actions undertaken. | | Choose an item. | | | | |
| Other: Click or tap here to enter text. | | Choose an item. | | | | |
| **Deficiencies in CWS** | Louvres in place, constructed of corrosion resistant material, fitted to prevent entry of contaminants, and in good working condition. | | Choose an item. | | | | |
| Fill in place, constructed of corrosion resistant material, designed for effective cleaning and in good working condition. | | Choose an item. | | | | |
| Drift eliminators in place, constructed of corrosion resistant material, and in good working condition. | | Choose an item. | | | | |
| Other: Click or tap here to enter text. | | Choose an item. | | | | |
| **Location and access** | No public access to the cooling tower. | | Choose an item. | | | | |
| Safe and easy access provided for cleaning, inspection and maintenance of the system. | | Choose an item. | | | | |
| CWS located away from air intakes, exhaust outlets, and passers-by. | | Choose an item. | | | | |
| Decommissioned cooling tower/s not in operation | | Choose an item. | | | | |
| Other: Click or tap here to enter text. | | Choose an item. | | | | |

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| **Inspection outcome** | | |
| **Inspection Result** | Satisfactory | Not satisfactory |
| **Further Action** | No action required  Verbal warning  Warning letter  Reinspection | Improvement Notice  Prohibition Order  PIN  Charge for microbial sample |

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| **Comments/Direction** |
| Click or tap here to enter text. |

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| **Officer details** | **Person spoken to onsite** |
| Name: Click or tap here to enter text. | Name: Click or tap here to enter text. |
| Title: Click or tap here to enter text. | Position: Click or tap here to enter text. |
| Signature: | Signature: |
| Phone: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Email: Click or tap here to enter text. |