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| **Date:****Time:** | **Inspection Type** | [ ]  Routine[ ]  Reinspection [ ]  Complaint[ ]  Outbreak investigation | [ ]  Failed audit[ ]  RMP review[ ]  Reportable HCC result [ ]  Reportable Legionella result |

|  |  |
| --- | --- |
| **Premises Details** |  |
| Council ID for Cooling Water System (CWS) |  |
| CWS Current Risk Level |  |
| Total number of cooling towers in system |  |
| Unique Identification Number/s (UIN) |  |
| System Address |  |
| System Type |  |
| Make/Model |  |
| Location on site | [ ]  Inside Location within building:[ ]  Outside Details: |

|  |  |
| --- | --- |
| **Contact Details** |  |
| Occupier’s name |  |
| Street Address |  |
| Postal Address |  |
| Mobile (24hr contact) |  |
| Email |  |
| ABN/ACN |  |

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| --- | --- | --- | --- |
| **Other Contacts** | **Name** | **Phone** | **Email** |
| Building Manager |  |  |  |
| Water Treatment Company |  |  |  |
| Servicing Company |  |  |  |
| Water sampling contractor - micro |  |  |  |
| Water sampling contractor - chemical |  |  |  |
| Other |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Urgent Contact Name** | **Phone** | **Alternative phone** | **Email** |
|  |  |  |  |

**OR**

☐ **Same as contact already listed, specify which: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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, e-mail and/or in person.**

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

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| --- | --- | --- | --- |
| **Documentation** |  |  |  |
| Current RMP is in place. |  |
| Remedial actions in RMP are being addressed. |  |
| System is audited annually. |  |
| Monthly report is being completed. |  |
| Operation and maintenance manuals on site. |  |
| Electronic records available within 4hrs of request. |  |
| **Display of UIN** |
| UIN displayed on each cooling tower in approved manner |  |
| **Microbial Sampling** |
| Sampling is undertaken monthly and tested by a NATA accredited laboratory. |  |
| Sample is collected at least 72hrs after disinfection/decontamination/cleaning. |  |
| Sampling point on the return leg of chemical dosing. |  |
| Sample <100 000cfu/ml HCC and <10cfu/ml Legionella within last 12 months. |  |
| If Non-compliance: |  |
| * Council notified of reportable test results within correct timeframe.
 |  |
| * Remedial action taken as per Table 3.1/3.2 of AS/NZS 3666.3:2011.
 |  |
| If a water sample is collected during the inspection for testing, please indicate the sample location:

|  |  |  |
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| [ ]  Sample point | [ ]  Basin | [ ]  Other:  |

 |
| **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.  |  |
| No dead legs observed. |  |
| Other:  |  |
| **Nutrient availability and growth** | CWS visibly clean with no signs of sludge, slime, sediment, biofilm, algae, fungi, rust, dust, dirt or foreign material. |  |
| CWS cleaned at frequency in accordance with RMP. |  |
| Direct sunlight prevented from entering wetted areas. |  |
| Other: |  |
| **Poor water quality** | Chemicals are automatically dosed, or automatic continuous water treatment system is installed  |  |
| Adequate chemical volume remaining in chemical containers |  |
| Chemical supply lines clear from blockage and not kinked |  |
| Monthly servicing and water sampling completed. If servicing is outside of specified control range in RMP, appropriate corrective actions undertaken. |  |
| Other: |  |
| **Deficiencies in CWS** | Louvres in place, constructed of corrosion resistant material, fitted to prevent entry of contaminants, and in good working condition. |  |
| Fill in place, constructed of corrosion resistant material, designed for effective cleaning and in good working condition. |  |
| Drift eliminators in place, constructed of corrosion resistant material, and in good working condition.  |  |
| Other |  |
| **Location and access**  | No public access to the cooling tower.  |  |
| Safe and easy access provided for cleaning, inspection and maintenance of the system. |  |
| CWS located away from air intakes, exhaust outlets, and passers-by. |  |
| Decommissioned cooling tower/s not in operation |  |
| Other: |  |

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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**  |
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| **Officer details** | **Person spoken to onsite** |
| Name: | Name: |
| Title: | Position: |
| Signature: | Signature: |
| Phone: | Phone: |
| Email: | Email: |