

Purpose of the approved form

The *Public Health Regulation 2012* (the Regulation) requires occupiers to ensure that the cooling water system is tested for *Legionella* count and heterotrophic colony count (HCC), on a monthly basis. Occupiers must notify the local government authority within 24 hours of receiving a reportable test result of *Legionella* count $\geq 1,000$ colony forming units per millilitre (cfu/mL) or HCC $\geq 5,000,000$ cfu/mL.

This approved form must be completed in accordance with clause 13R of the Regulation. Further information on the process of notification and responding to elevated microbial levels is provided in the *NSW Guidelines for Legionella Control in Cooling Water Systems*, available at www.health.nsw.gov.au/environment/legionellacontrol

Site and contact details

Provide the name, phone numbers (business hours, after hours and mobile numbers), email address, and postal address for each of the contact persons listed below.

Record	Details
Site address	
Cooling water system details (number of cooling towers, and unique identification number for each cooling tower)	
Local government authority (where this system is located)	
Occupier name and contact details (the person or entity who owns the system)	
Duly qualified person name, employer and contact details (person managing the system on a day to day basis, and attended the site during this month)	
Laboratory (name and NATA accreditation details)	

Reportable test results

Record	Details
Type of test (<i>Legionella</i> or heterotrophic colony count)	
Test result (in cfu/mL)	
Description of sampling point (type of sampling point, and location on cooling water system)	
Date and time of sampling by duly qualified person	
Date and time of testing by laboratory	
Date and time of result receipt by occupier	

Attach laboratory report(s) after this page.

The Regulation requires certain results and records to be kept on the premises and made available immediately, or kept electronically and made available within 4 hours of request. These include: operating and maintenance manuals; RMPs; results of microbial testing and chemical analysis; and maintenance records (in accordance with section 3.7 of AS/NZS 3666.3:2011).

Details of person completing the form

Name of person completing the form	Contact details (phone number, email, postal address)
Signature of person completing the form	Date
Role of person completing the form	Employer (name of company or organisation)

Local government authority use

Record	Details
Date received	
Name and position of receiving officer	
Notification received within 24 hours of occupier receiving a reportable test result from laboratory	

Action taken (date and time):	
	Unique identification numbers confirmed
	Register of cooling water systems updated with reportable test result
	Contacted occupier or duly qualified person (DQP) to confirm control strategies put in place in accordance with the Risk Management Plan (RMP) and AS/NZS 3666.3:2011
	Contacted occupier or DQP to obtain second and third microbial test results
	Flagged for follow up
	Desktop (off site) follow up
	Site investigation and inspection
	Improvement notice issued
	Prohibition order issued