

HIGH RISK MANUFACTURED WATER SYSTEMS LEGIONELLA TEST RESULTS REPORT

In accordance with the Public and Environmental Health (Legionella) Regulations 2008, owners of high risk manufactured water systems (HRMWS) must report to their local council within 24 hours of receiving a report indicating the presence of *Legionella*;

- at or greater than 10 cfu/ml in a warm water system
- at or greater than 1000 cfu/ml in a cooling water system

Please use this form when reporting the detection of Legionella in HRMWS

PART 1 – PREMISES DETAILS TO WHICH THIS NOTIFICATION RELATES

Trading name of Business	
Owners Name	
Street Address	
Suburb	Post code
Telephone	
Mobile Phone	
Email	
Healthcare information	<input type="checkbox"/> Aged care <input type="checkbox"/> Hospital <input type="checkbox"/> Other healthcare <input type="checkbox"/> Public <input type="checkbox"/> Private

PART 2 – SYSTEM AND SAMPLING DETAILS

System Type	<input type="checkbox"/> Cooling Water System <input type="checkbox"/> Warm Water System
System common name / identification no.	
Date sample taken	
Sample source (e.g. room no, shower, tower basin etc)	
Type of sample	<input type="checkbox"/> Routine <input type="checkbox"/> Annual inspection <input type="checkbox"/> Post decontamination <input type="checkbox"/> Disease investigation <input type="checkbox"/> Other
Sample result (cfu/mL)	
Species information	<input type="checkbox"/> Lp1 <input type="checkbox"/> Lp2-14 <input type="checkbox"/> L species (non-pneumophila)
Is this an interim or final result?	<i>(Please attach copy of report if available)</i>
Date and time result was received from lab	

PART 3 – DECONTAMINATION & REMEDIAL ACTION

Decontamination Status

<input type="checkbox"/> Decontamination undertaken (please provide date and time undertaken)	
<input type="checkbox"/> Decontamination pending (please provide date and time to occur)	
Is/was the system shut down or isolated pending & during decontamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: systems must be decontaminated or shut down/isolated (pending decontamination) immediately upon the receipt of a notifiable Legionella detection result.</i>	

Method of Decontamination

<input type="checkbox"/> Prescribed Decontamination Procedure	
For warm water systems: indicate procedure used	<input type="checkbox"/> pasteurisation <input type="checkbox"/> chlorination
<input type="checkbox"/> Minister Approved Decontamination Procedure	

Retest Details

Has a retest date been determined?	
<input type="checkbox"/> Yes (if yes, please provide date and time)	
<input type="checkbox"/> No	
<i>Note: retesting should occur 3 – 7 days after system decontamination is completed. Please ensure retest results are provided to your local council.</i>	

PART 4 – DETAILS OF PERSON REPORTING THE RESULT

Name		
Business Name		
Contact Details	Telephone	Mobile
	Facsimile	
Date and time		

Please forward completed form to:

Email: <<INSERT EMAIL ADDRESS>> or fax no. <<INSERT NUMBER>>

For further information please call Council's Environmental Health Section on <<INSERT NUMBER>>