

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	Aged care	Hospital	Other healthcare	Public	Private

PART 2 – SYSTEM AND SAMPLING DETAILS

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

PART 3 – DECONTAMINATION & REMEDIAL ACTION

Decontamination Status

Decontamination undertaken (please provide date and time undertaken)	
Decontamination pending (please provide date and time to occur)	
Is/was the system shut down or isolated pending & during decontamination?	Yes No

Note: systems must be decontaminated or shut down/isolated (pending decontamination) immediately upon the receipt of a notifiable Legionella detection result.

PART 3- CONTINUED
Method of Decontamination

Prescribed Decontamination Procedure
For warm water systems: indicate procedure used pasteurisation chlorination
Minister Approved Decontamination Procedure

Retest Details

Has a retest date been determined?
Yes (if yes, please provide date and time)
No

Note: retesting should occur 3 – 7 days after system decontamination is completed.
Please ensure retest results are provided to your local council.

PART 4 – DETAILS OF PERSON REPORTING THE RESULT

Name	
Business name	
Contact details	Telephone Mobile
	Facsimile
Date and time	

Please forward the completed form to City of Marion at the below contact details:

CONTACT DETAILS

Environmental Health Team
 T (08) 8375 6877
 F (08) 8375 6699
 E council@marion.sa.gov.au
 PO Box 21 Oaklands Park SA 5046
 245 Sturt Road Sturt SA 5047
marion.sa.gov.au