

Periodic reporting under the water risk management provisions of the

*Public Health Act 2005*

This form relates to Section 61I of the *Public Health Act 2005*.

Use this form to submit periodic reports, summarising the results of tests taken for *Legionella* under a water risk management plan (WRMP), to the Department of Health during the reporting period.

Important notes

* Periodic reports need only be submitted for prescribed facilities\*
* Data submitted in this form must only relate to samples taken from infrastructure and/or fixtures covered by the facility's WRMP. Do not include data that relates to samples taken from infrastructure or fixtures not covered by the facility's WRMP. For example, do not include sampling data that relates to cooling towers unless they are covered in the facility's WRMP
* Only include data relating to samples submitted for a prescribed test\*\*

|  |  |
| --- | --- |
| Facility details | |
| Name |  |
| Address |  |
| Suburb |  |
| Postcode |  |
| Person in charge | |
| Name |  |
| Position |  |
| Email address |  |
| Phone Number |  |
| Mobile |  |

|  |  |
| --- | --- |
| Report details | |
| Reporting period (Quarter – calendar year) |  |
| Year |  |
| Number of routine samples to be taken under the WRMP for the reporting period |  |
| Total number of samples taken, including resamples |  |
| Number of resamples taken |  |
| Number of samples for which *Legionella* was detected |  |
| Comments: | |

|  |  |
| --- | --- |
| Contact for enquiries from the media and/or public | |
| Name of person |  |
| Email address |  |

|  |  |
| --- | --- |
| Details of person submitting the report | |
| First name |  |
| Surname |  |
| Email address |  |

|  |
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| Acknowledgement |
| I acknowledge the information provided in the ‘Report details’ and the ‘Contact for enquiries from the media and/or public’ sections may be published by the Department of Health. |

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| Submission instructions |
| Upon completing this form, save the file to your computer/network and email as an attachment to [legionella@health.qld.gov.au](mailto:legionella@health.qld.gov.au) Be sure to include the name of your facility and the reporting period in the email subject line e.g. ABC facility Q4 2021. |

\* A prescribed facility means:

* a public sector hospital that provides treatment or care to inpatients; or
* a private health facility licensed under the Private Health Facilities Act 1999; or
* a State aged care facility; or
* a residential aged care facility, other than a State aged care facility, prescribed by regulation.

\*\*A prescribed test for *Legionella* is a test method that:

* Quantifies the number of Legionella colony forming units in the sample tested, and
* is carried out by a laboratory accredited as complying with the international standard ISO/IEC 17025 *General requirements for the competence of testing and calibration laboratories* and is identified in the scope of the laboratory’s accreditation.

In practice, this definition captures standardised culture-based *Legionella* test methods developed by Standards Australia and the International Organization for Standardization, such as AS 3896 (Waters – Examination for *Legionella* spp. including *Legionella pneumophila*), AS 5132 (Waters – examination for *Legionella* spp. including *Legionella pneumophila* – Using concentration) and ISO 11731 (Water quality – Enumeration of *Legionella*). It may also extend to in-house culture-based test methods for *Legionella* provided those methods are identified in the laboratory’s scope of accreditation.