# MIcrobial control

## CREDIT 29

## INDIVIDUAL BUILDING PORTFOLIO

## PROJECT NAME: [NAME]

## PROJECT NUMBER: GS- [####]

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| --- | --- | --- | --- |
| TOTAL POINTS AVAILABLE: | 1 | POINTS CLAIMED: | [#] |

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| --- | --- | --- | --- | --- |
| No. | **Type** | **Criteria** | **Description** | **Claimed** |
| 29.1 | **Policy** | Microbial Control | **1 point** is awarded where   * a ‘leading practice’ Legionella Risk Management Plan is in place during the performance period; or * no water-based heat rejection systems are employed throughout the building systems. | [#] |

# Project-specific technical questions

|  |  |
| --- | --- |
| There are no project-specific technical questions for this credit. |  |
| There are project-specific technical questions for this credit and all responses received from the GBCA are attached. |  |

## 29.1A Microbial control

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| --- | --- |
| The project achieved one (1) point at the Initial Certification, and **no changes** have been made to the building during the performance period that would have an impact on the scope and content of the Legionella Risk Management Plan.  ***Complete section 29.1A.3 only.*** |  |
| The project achieved one (1) point in the previous Certification and **changes** have been made to the building during the performance period that would have an impact on the scope and content of the Legionella Risk Management Plan; or a new Legionella Risk Management Plan was implemented during the performance period.  ***Complete section 29.1A.1 and 29.1A.2*.** |  |
| One (1) point was not awarded / targeted in the previous Certification, or a new Legionella Risk Management Plan was implemented during the performance period.  ***Complete section******29.1A.1 and 29.1A.2.*** |  |

### 29.1A.1 Legionella Risk Management Plan

|  |  |  |
| --- | --- | --- |
| Are all water-based heat rejection systems used within or serving the building covered by a Legionella Risk Management Plan that meets ‘leading practice’ guidelines that is in place and operational during the performance period? | | **[Y/N]** |
| Verify how the following requirements have been met referencing supporting evidence attached to the submission template. | | |
| **Requirements** | **Supporting Evidence** | |
| Describe how the Legionella Risk Management Plan meets all local legislative requirements. |  | |
| Describe how the Legionella Risk Management Plan meets ‘leading practice’ Guidelines referencing supporting evidence attached to the submission template. |  | |
| Describe how the Legionella Risk Management Plan meets the following requirements: | | |
| a. The risk management plan meets the requirements of the Victorian Public Health and Wellbeing Act 2008, or most current version of this act. |  | |
| b. Implementation of an Operational Program outlined in the risk management plan meets the requirements of the Victorian Public Health and Wellbeing Regulations 2009 or most current version of this regulation. |  | |
| c. Show how the following elements of the Legionella Risk Management Plan were demonstrated during the performance period: | | |
| i. The plan has been formally endorsed by key stakeholders (i.e. the building owner, facility manager, mechanical services contractor, water treatment service provider and analytical laboratory). |  | |
| ii. The plan contains provisions for at least monthly periodic inspections of the system(s). |  | |
| iii. The plan contains provisions for at least monthly servicing of the system(s). |  | |
| iv. The plan contains provisions for at least monthly sampling/analysis of cooling tower waters for heterotrophic colony counts by a NATA accredited laboratory. |  | |
| v. The plan contains provisions for at least quarterly sampling/analysis of cooling tower waters for Legionella species by a NATA accredited laboratory. |  | |
| vi. The plan contains provisions for at least six-monthly disinfecting and cleaning of the system(s). |  | |
| vii. The plan contains provision for remedial actions to be taken in response to adverse bacterial results (in accordance with relevant state/territory requirements or AS/NZS 3666.3:2011). |  | |
| viii. The plan contains provisions for inspection, cleaning and flushing of the system(s) prior to reactivation. |  | |

### 29.1A.2 Detection of Legionella

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| --- | --- |
| Verify that there has been no more than one (1) detection of Legionella recorded during the performance period. |  |

**29.1A.3** Provide details of the review process used to assess the success of the Legionella Risk Management Plan.

| **Requirements** | **Supporting Evidence** |
| --- | --- |
| When in the performance period was the assessment undertaken? |  |
| What improvements, if any, were identified? |  |
| How have the improvements, if any, been implemented? |  |

### DISCUSSION

Outline any issues you would like to highlight and clarify with the Certified Assessor(s).

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Identify where this information can be found within the supporting documentation provided.

|  |  |
| --- | --- |
| **Supporting Documentation**  (Name / title / description of document) | **Reference**  (Page no. or section) |
| *####* | [####] |
| #### | [####] |

29.1B Waterless Heat Rejection Systems

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| --- | --- |
| Demonstrate there are no water based heat rejection systems used within, or serve the building. |  |

Identify where this information can be found within the supporting documentation provided.

|  |  |
| --- | --- |
| **Supporting Documentation**  (Name / title / description of document) | **Reference**  (Page no. or section) |
| *####* | [####] |
| #### | [####] |

### DISCUSSION

Outline any issues you would like to highlight and clarify with the Certified Assessor(s).

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# DECLARATION

I confirm that the information provided in this document is truthful and accurate at the time of completion.

Provide author details, including name, position and email address:

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|  |

Click here to enter a date.