



## Appendix 4: Auditor application

An electronic copy of this form is available on the Section website

<http://www.health.vic.gov.au/environment/water/drinking.htm> or by e-mailing the Drinking Water Regulatory Section at [dwru@dhs.vic.gov.au](mailto:dwru@dhs.vic.gov.au)

Information requested in this form is collected under the authority of the *Safe Drinking Water Act* 2003 section 13.

This information will be used to evaluate prospective auditor applications.

Please refer to the guidance note '*Auditing of risk management plans*' for information relating to the completion of this application. Applicants must ensure that the information provided is accurate and that it addresses all the requirements set out in the guidance notes. The Department of Human Services will handle all information in accordance with privacy legislation.

### Water Supplier/Water Storage Manager Information

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Prospective auditor information

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Prospective auditor’s referees

Name	Association with auditor	Contact details

### Areas where prospective auditors will seek additional technical support

Technical discipline	Organisation/individual to provide support/expertise*	Skills/Experience (Brief)*

\*can be included as an attachment

### Check List

Please ensure the following are attached:

- Applicant current CV, including audit log
- Applicant RABQSA auditor certification
- Applicant conflict of interest declaration

### Further information (optional)

### Request by water supplier/storage manager

I ‘insert name’ of ‘insert name of water supplier/storage manager’ request the approval of ‘insert name of auditor’ to audit my risk management plan under the *Safe Drinking Water Act 2003*.

Signature: \_\_\_\_\_ Date: ...../...../.....

Certified drinking water quality management system auditors will be listed on the RABQSA website.

Please forward this completed application and attachments to:

**Assistant Director, Environmental Health**  
**Department of Human Services**  
 GPO Box 4057,  
 Melbourne, VIC 3001  
 Fax: (03) 9096 9182