

Goulburn Hospital Redevelopment Independent Environmental Audit



Assessment of Environmental System Compliance Against the SSD 8667 Conditions of Consent

Audit Reference:	AQ1268.03
Audit Organisation:	Hansen Yuncken
Auditors:	Ana Maria Munoz, Lead Auditor, AQUAS
Date of Audit:	12 May 2022
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This report has been prepared and reviewed in accordance with our Quality control system.

This report has been prepared by:

ANA MARIA MUNOZ
Environmental Auditor

Date: 20/5/2022

Reviewed by:

ANNABELLE TUNGOL
Lead Environmental Auditor

Date: 20/5//2022

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1. Executive Summary

This audit was completed to assess the compliance of Goulburn Hospital Redevelopment Project during the Operational Phase against the requirements of Development Consent State Significant Development (SSD) 8667 Condition C39 and in accordance with the approved Audit Programme. The audit was conducted by AQUAS Lead Auditor, Ana Maria Munoz on 12 May 2022. This audit covered the conditions under Part D and Part E of the Development Consent SSD 8667, Modification 2 – dated 28 January 2020, with focus on the Operational Phase.

The Hospital building was completed in October 2021, handed over to the Hospital Representatives and went live on the 23 November 2021.

Overall, the Hospital Operations were generally compliant to the conditions of Development Consent SSD 8667 Part D and Part E with the following key strengths noted:

- The Acute Services Building construction activities for Stage 1 were completed as per the project programme with no harm to the environment;
- Communications were actively undertaken with stakeholders;
- Maintenance of landscaping and vegetation was evident on the Hospital;
- Compliance Reports were completed, sent to DPE and posted on the website.
- Carpark signage and wayfinding signage around the Acute Services Building were installed;
- Hospital was secured, including CCTV and restricted access signage;
- Waste segregation was in place and waste store maintained;
- Suitable storage for hazardous materials and dangerous goods was sighted; and
- No incidents were reported during this audit period.

Summary of Audit Findings

The following non-compliances were raised during the audit and will need to be addressed by the proponent to attain full compliance with SSD 8667.

NC-01 - Condition D15: Fire Safety Certificate

Prior to the final occupation of the Acute Services Building, a Fire Safety Certificate must be obtained for all the Essential Fire or other safety measures part of the consent. A copy of the Fire Safety Certificate must be submitted to the relevant authority and Council. The Fire Safety Certificate must be prominently displayed in the building.

The Interim Fire Safety Certificate approved on the 1 October 2021 was not prominently displayed in the building.

NC-02 - Conditions E3 Operational Noise Limits

Operational noise monitoring has not been undertaken to date; therefore, it was not possible to verify that noise generated by the Hospital Operations is within the noise limits stipulated in the Acoustic report prepared by Wood and Grieve Engineers dated 24 September 2018.

NC-03 - Condition E4: Operational Noise Limits

The short term operational noise monitoring was not undertaken within two months of the commencement of operational activities to the mechanical plant of the Acute Services Building by an appropriately qualified person.

In addition to the non-compliances raised, the auditor identified three opportunities for improvement for the continual improvement of the environmental performance of the project.

The full details of the non-compliances and opportunities for improvement can be found in Section 6.0 of this report.

2. Introduction

2.1 Background

Hansen Yuncken was appointed by Health Infrastructure through TSA Management for the Redevelopment of Goulburn Hospital which comprises the construction of a new four storey Acute Services Building and internal refurbishment works to existing hospital buildings.

The Acute Services Building was completed in October 2021, handed over to the Hospital Representatives and went live on the 23 November 2021. Root Partnership have taken over from TSA Management to continue with the Operational Phase and Stage 2 of the project.

AQUAS was engaged to undertake the independent environmental audit on 12 May 2022 during the Operational Phase of Goulburn Hospital in compliance with the SSD 8667 condition C39.

2.2 Project Details

Project Name	Goulburn Hospital redevelopment
Project Application Number	SSD 8667
Project Address	130 Goldsmith Street, Goulburn
Project Phase	Operational
Project Activity Summary	The Acute Services Building was completed in October 2021, handed over to the Hospital Representatives and open to the public on the 23 November 2021.

2.3 Audit Team

Details of the AQUAS environmental auditor for this audit were submitted to the Department of Planning and Environment (DPE).

Name	Company	Position	Certification
Ana Maria Munoz	AQUAS	Environmental Auditor	SAI Global Lead Auditor; Exemplar Global Environmental Auditor – Certificate No. 115421

Independent Audit declaration form is attached as **Appendix C**.

2.4 Audit Objectives

The objective of this audit was to undertake the independent environmental audit in compliance with the Development Consent Condition SSD 8667 Cl. C39, in accordance with:

- the Independent Audit Program submitted to the Department and the Certifier under condition C38 of this consent; and
- the requirements for an Independent Audit Methodology and Independent Audit Report in the Independent Audit Post Approval Requirements (Department 2018).

The audit focused on the operational phase requirements and review the following:

- Non-compliances and non-triggered conditions raised in the previous audit;
- Compliance with Part D (Prior to Occupation) and Part E (Post Occupation) of SSD 8667;
- Incident management notification as per SSD 8667, Appendix 1.

2.5 Audit Scope

The scope of this audit comprised the review of the project compliance against any applicable operational conditions of SSD 8667 Parts D and E, including the following:

- Review of implementation of operational management plans;
- Site inspection conducted on 12 May 2022;
- Review of environmental operational controls and records;
- Interview of key personnel; and
- Consultation with stakeholders.

2.6 Audit Period

This was the third independent environmental audit carried out by AQUAS on the project which covers the review of environmental documentation and records for the operations from February 2021 to 12 May 2022 only.

It should be noted that this report is based on the result of sampling and supplied documentation/records, provided by TSA on the 15 March 2022, Root Partnership on the 12 and 22 April 2022, as well as site activities on the day of audit (12 May 2022).

3. Audit Methodology

3.1 Approval of Auditors

Letter from the DPE agreeing to the auditor(s) is attached as **Appendix A**.

3.2 Audit scope development

AQUAS developed the audit scope and a checklist based on the Project Development Consent Requirements Application No. SSD 8667 Mod-2. Refer to **Appendix D** of this report.

3.3 Audit Process

3.3.1 Opening Meeting

An opening meeting was held on 12 May 2022 at the project site at 10.30am with Root Partnership Project Manager, Hospital Representatives and AQUAS auditor as per the Audit Attendance Sheet.

Refer to **Appendix B** of this report.

Key items discussed included:

- Confirmation of the purpose and scope of the audit;
- Overview of the Project and status of the works;
- Occurrence of Environmental incidents; and
- Overview of the audit process in accordance with the proposed audit agenda.

3.3.2 Conduct of Audit

Audit activities included the following:

- Reviewed the operational documentation to verify compliance with the Development Consent Conditions SSD 8667 requirements;
- Conducted a site walk to review implementation of environmental operational controls;
- Conducted the audit following the checklist that was prepared based on the SSD Conditions through interviews with personnel and review of records provided as evidence of compliance; and
- Preparation of identified findings and any actions noted during site inspection for discussion during closing meeting;
- Review of records provided after the conduct of site inspection and interview with personnel;
- Submission of draft audit report to the Proponent for their review and their response to the audit findings; and
- Submission of final report to the Proponent for their submission to DPE and to be posted on the Project website.

3.3.3 Closing Meeting

The closing meeting was held on 12 May 2022 at the project site at 2.00pm with Root Partnership Project Manager and AQUAS.

General feedback and the findings of the audit were discussed during the closing meeting. AQUAS auditors acknowledged the cooperation during the conduct of this audit.

3.4 Interviewed Persons

Name and position of persons interviewed:

Name	Organisation	Position
Yianni Venetis	Root Partnerships	Project Manager
Kerry Hort	Southern NSW LHD	Project Lead
Colin Davis	Southern NSW LHD	Capital development Manager

3.5 Details of Site Inspection

A site walk around the new Acute Services Building was conducted with focus on the following controls:

- Hospital vehicle access and egress;
- Building security and restricted access areas;
- Driveways, parking areas and drop off/pick areas;
- Carpark, bicycle and wayfinding signage;
- Chemicals, fuels and oils storage;
- Dangerous goods handling and storage;
- Landscape and vegetation management; and
- Waste and spill management.

Few observations were noted during the site inspection for the spill kits to have a prominent signage and Fire Safety Certificate to be displayed in the building near the fire panel. Photos taken during the site inspection are included in **Appendix E**.

3.6 Consultation

Consultations via email were conducted with DPE in advance of the audit, to request feedback about the project and any focus areas to be reviewed by AQUAS during this audit.

The Department requested the audit to be conducted in accordance with Condition C39 of Development Consent SSD 8766, which requires the audit to be carried out in accordance with the Independent Audit Post Approval Requirements (PARs). Additionally, DPE indicated the audit shall ensure:

- The environmental performance of the development is assessed, including but not limited to actual versus predicted impacts. Refer to **Section 5.7**.
- A high-level assessment of the environmental management plans is included, ensuring a review of the green travel plan, operational management plan and waste management plan. Refer to **Section 5.5**.
- That the operational noise is being managed appropriately, and mechanical plant noise is not exceeding the prescribed noise limits. Refer to **Section 3.6.a.** below.
- The community communication strategy has been effectively implemented. Refer to **Section 3.6.b.** below.

Refer to **Appendix F** for consultation records.

3.6.a. Operational Noise Monitoring

The audit noted that short term noise monitoring was not undertaken by the contractor within two months of the commencement of operational activities to the mechanical plant of the Acute Services Building. Therefore, conditions E3 and E4 were rated as non-compliances. Root Partnership indicated prior finalising this report that the Contractor has engaged an acoustic consultant to undertake testing.

3.6.b. Consultation with Community

Active consultation and communications have been undertaken with Council and the community including monthly consultation meetings, open day presentation prepared for the community and the volunteers.

Evidence of the Community Monthly Meeting Agenda was sighted for April 2022 and minutes for 24 March 2022. Also, the Goulburn Community CSB Wayfinding DL flyer was issued in November 2021 and a video in YouTube with clinical services and guide tour on the main areas prepared in February 2022.

3.7 Audit Compliance Status Descriptors

The following audit criteria were used for the rating of audit findings.

Status	Description
Compliant	The auditor has collected sufficient verifiable evidence to demonstrate that all elements of the requirement have been complied with within the scope of the audit.
Non-Compliant	The auditor has determined that one or more specific elements of the conditions or requirements have not been complied with within the scope of the audit.
Not Triggered	A requirement has an activation or timing trigger that has not been met at the time when the audit is undertaken, therefore an assessment of compliance is not relevant.

4. Document Review

The following documents were reviewed and/or sighted as part of this audit:

- Construction Compliance Report No.3 05/05/2021
- BCA Crown Certificate No. BCAC-21100 from BMG – 05/10/2021
- Green Travel Plan from GTA Consultants, Issue B – 02/07/2021
- Heritage Interpretation Management Plan from Perumal Murphy Alessi – Final, March 2021
- Staging Report prepared by City Plan Rev.2 – 02/07/2021
- Application under Section 305 Water Management Act for Section 307 Compliance Certificate
- Operational Management Plan – Safety and Security by Southern NSW LHD – 15/06/2021
- Operations and Maintenance Manual by Civil Works by Affective Services P/L – 23/09/2021
- Stormwater Quality Management Plan prepared by Hansen Yuncken – 19/11/2021
- Waste Management Plan from Health Southern NSW LHD – 04/2021
- Landscape Management Plan from Health Southern NSW LHD – no date
- Installation Certificate for Staff and Bicycle Wayfinding from AW Signs Pty Ltd – 08/10/2021
- Inspection Certificate for Stormwater (Milestone 1) by Affective Services – 24/09/2021
- Installation Certificate for Electrical by Star Group – 23/09/2021
- Installation Certificate for Acoustic by Stantec – 08/09/2021
- Installation Certificate for Structural by Meinhardt Bonacci – 01/10/2021
- Installation Certificate for Hydraulic by Central Plumbing – 17/09/2021
- Letter to DPE - Notification of Commencement of Occupation for Goulburn Hospital – 22/9/2021
- Site Audit Report, Acute Services Building Goulburn Base Hospital by Ramboll – 30/11/2021
- Site Audit Statement TO-068 by Ramboll Ref. 318000882 – 30/11/2021
- Community Communication Strategy - Version 1.0 30/9/2019 and 10/2019
- Community Consultation Committee Meeting – 24/03/2022
- Community Consultation Committee Meeting Agenda – 04/2022
- Site Remediation Report and Validation Assessment from Douglas Partners Rev. 2 – 22/11/2021
- Public Project Interest (Complaints) Register from January 2021 to October 2021
- Landscape Concept Plans from SpaceLab and STH No.SK001 – 07/08/2019
- Interim Fire Safety Certificate approved by Department of Planning – 01/10/2021

5. Audit Findings

This audit was completed to assess the implementation of the environmental operational controls established by the Proponent to meet the requirements of Development Consent SSD 8667 and Operational Management Plan.

The following table summarises the audit findings by rating category:

Findings Rating	Findings
Compliant	40
Non-Compliant	3
Not Triggered	15
Total Requirements	58

5.1 Assessment of Compliance

The audit determined that the Proponent has generally implemented environmental operational management controls within the Hospital. The comparison of audit requirements against the compliance ratings is as follows:

SSD Requirements	Requirements	Findings
Part A – Administrative Controls	5	Compliant – 3
		Non-Compliant – 0
		Not Triggered – 2
Part B – Prior to commencement of Construction	2	Compliant – 1
		Non-Compliant – 0
		Not Triggered – 1
Part D – Prior to Operation	31	Compliant – 24
		Non-Compliant – 1
		Not Triggered – 6
Part E – Post Occupation	16	Compliant – 12
		Non-Compliant – 2
		Not Triggered – 2
Appendix 1 – Incident Notification	4	Compliant – 0
		Non-Compliant – 0
		Not Triggered – 4

5.2 Notices, Incidents and Complaints

The audit noted that no agency notices, orders, penalty notices or prosecutions have been issued, and no reportable environmental incidents have occurred to date.

The 'Public Project Interest Register' (complaints register) was available in the project website with details of complaints since September 2019. The audit noted that this register has not been updated since October 2021 and one complaint was received about the Ambulance Bay lighting impacting one of the local residents. Resident has been consulted and mitigation strategies include installation of shroud or an additional tree to be planted in the street to dispel the light.

5.3 Review of Previous Audit Findings (February 2021)

No findings were raised in the previous audit.

5.4 Audit Site Inspection

The site inspection was conducted at 11.00am on the 12 May 2022. AQUAS auditor and project staff walked through the Hospital building, where environmental controls were observed, including:

- Carpark signage and wayfinding signage around the Acute Services Building were installed;
- Driveways, parking areas and drop off/pick areas were clear from obstructions;
- Hospital building was secured, including CCTV and restricted access signage;
- Storage of hazardous materials at the cleaner's room and maintenance workshop was suitable;
- Dangerous goods e.g., oxygen bottles were appropriately stored and signage in place;
- Landscaping and vegetation were maintained as per the Landscape Management Plan;
- End of trip facilities was available; and
- Clinical waste, general waste, recycling and sharp containers bins were provided and kept in a appropriate manner at the waste shed and throughout the Hospital building.

Few observations were noted during the site inspection for: spill kits to have a signage and the Fire Safety Certificate to be displayed in the building. Photos taken during the site inspection are included in **Appendix E**.

5.5 Suitability of Plans and the EMS

Management Plans were generally compliant with the requirements of the Development Consent SSD 8667 and address the impacts and mitigation measures noted for the project. Implementation of environmental controls was observed during the site inspection.

5.5.1 Operations Management Plan

The implementation of Operation Management - Safety and Security Plan was verified during the site inspection including the following:

- Wayfinding signage was noticeable, and flyer was prepared before the open day for volunteers and hospital staff.
- CCTV system was installed, and backups are carried out every 21 days.
- There is a security patrol 24/7 and security office to monitor the Hospital activities.
- Staff only (restricted access) signage was installed and maintained.
- As-built documentation was available on the OmTrak system.
- Damage to 2 panels at the main entrance was identified and will be replaced.
- Landscaping and vegetation areas have been maintained.

5.5.2 Green Travel Plan

The Green Travel Plan has been implemented including vehicle access, end of trip facilities, bicycle parking areas and storage, and carpark signage. Also, all the driveways, footpaths and parking areas were observed free of obstructions.

5.5.3 Waste Management Plan

The implementation of the Waste Management Plan was verified during the site inspection including the following:

- Clinical waste bins were available, including sharp containers;
- Waste shed was in place for disposal of clinical waste, general waste, recycling and secure shredding;
- Dirty utility room was clean and tidy;
- Two spill kits were available; however, signage was missing.

Note: An annual waste audit is to be undertaken as per the Operational Waste Management Plan Section 4.0.

5.6 Development Past Performance

This was the first Operational Audit for Goulburn Hospital against SSD 8667 conditions; therefore, past performance could not be assessed.

5.7 Actual and Predicted Impacts

There were no additional impacts noted on the actual construction works based on the monitoring results. The predicted impacts as stated in the Environmental Impact Statement (EIS) remain the same.

5.8 Key Strengths

Overall, the Hospital Operations were generally compliant to the conditions of Development Consent SSD 8667 Part D and Part E with the following key strengths noted:

- The Acute Services Building construction activities for Stage 1 were completed as per the project programme with no harm to the environment;
- Communications were actively undertaken with stakeholders;
- Maintenance of landscaping and vegetation was evident on the Hospital site;
- Compliance Reports were completed, sent to DPE and posted on the website.
- Carpark signage and wayfinding signage around the Acute Services Building were installed;
- Hospital was secured, including CCTV and restricted access signage;
- Waste segregation was in place and waste store maintained;
- Suitable storage for hazardous materials and dangerous goods was sighted; and
- No incidents were reported during this audit period.

6. Audit Findings and Recommendations

The audit identified the following non-compliances:

NC Number	Consent Condition Description	Audit Findings	Recommendations
NC-01	D15: Fire Safety Certificate Prior to the final occupation of the Acute Services Building, a Fire Safety Certificate must be obtained for all the Essential Fire or Other Safety Measures forming part of this consent. A copy of the Fire Safety Certificate must be submitted to the relevant authority and Council. The Fire Safety Certificate must be prominently displayed in the building.	Although an Interim Fire Safety Certificate was issued and approved on the 1 October 2021, Certificate was not prominently displayed in the building.	Certificate to be printed and displayed in the Acute Services Building.
NC-02	E3: Operational Noise Limits The Applicant must ensure that noise generated by operation of the development does not exceed the noise limits in the report titled Goulburn Hospital Redevelopment Acoustic Report, prepared by Wood and Grieve Engineers, dated 24 September 2018.	Operational noise monitoring has not been undertaken to date; therefore, it was not possible to verify that noise generated by the Hospital Operations is within the noise limits stipulated in the Acoustic report prepared by Wood and Grieve Engineers dated 24 September 2018.	Operational noise monitoring to be carried out of the Mechanical Plant of the Acute Services Building and results to be analysed to ensure they do not exceed the noise limits.
NC-03	E4: Operational Noise Limits The Applicant must undertake short term noise monitoring in accordance with the Noise Policy for Industry where valid data is collected following the commencement of use of each stage of the development. The monitoring program must be carried out by an appropriately qualified person and a monitoring report must be submitted to the Planning Secretary within two months of commencement use of each stage of the development to verify that operational noise levels do not exceed the recommended noise levels for mechanical plant identified in the report titled Goulburn Hospital Redevelopment Acoustic Report, prepared by Wood and Grieve Engineers, dated 24 September 2018. Should the noise monitoring program identify any exceedance of the recommended noise levels referred to above, the Applicant is required to implement appropriate noise attenuation measures so that operational noise levels do not exceed the recommended noise levels or provide attenuation measures at the affected noise sensitive receivers (including the level 2 palliative roof terrace).	Short term operational noise monitoring was not undertaken within two months of the commencement of operational activities to the mechanical plant of the Acute Services Building by an appropriately qualified person.	The short term operational noise monitoring and the program must be carried out in accordance with the requirement of condition E4 by an appropriately qualified person of the relevant Mechanical Plant of the Acute Services Building and a monitoring report to be submitted to DPE. Actions for any exceedances found must be undertaken in accordance with this condition.

Additionally, the auditor found three opportunities for improvement for the continual improvement of the environmental performance of the project.

OFI Number	Consent Condition Description	Audit Findings	Recommendations
OFI-01	A2: Terms of Consent The development may only be carried out: d) in accordance with the approved plans below: <ul style="list-style-type: none"> - Architectural Drawings prepared by Silver Thomas Hanley (2019 and 2022) - Landscape Concept prepared by Space Lab (2019) - Subdivision Plan prepared by Project Surveyors (2018) - Wayfinding Signage prepared by Minale Tattersfield (2019) 	It was noted that the Plans posted in the NSW Planning Portal website did not include the architectural drawings, landscape drawings and wayfinding signage drawings from Modification 3 approved 01/04/2022.	It is recommended to post all the updated Approved Plans in 2019 and 2022 in the project website.
OFI-02	E10: Hazards and Risk The Applicant must store all chemicals, fuels and oils used on-site in accordance with: (a) the requirements of all relevant Australian Standards; and (b) the NSW EPA's Storing and Handling of Liquids: Environmental Protection – Participants Manual' if the chemicals are liquids.	The two spill kits maintained at the Acute Services Building did not have a signage in place.	All spill kits must be readily available and always well stocked as per the NSW EPA's Storing and Handling of Liquids. Kits to have a displayed sign to assist in locating the equipment. Additionally, it is recommended that all personnel are appropriately trained and know how to respond to spills.
OFI-03	E17: Outdoor Lighting Notwithstanding condition D33, should outdoor lighting result in any residual impacts on the amenity of surrounding sensitive receivers, the Applicant must provide mitigation measures in consultation with affected landowners to reduce the impacts to an acceptable level.	Ambulance Bay Lighting is currently impacting one of the local residents. Impacted resident has been consulted, however the Public Project Interest Register has not been updated to reflect this.	Public Project Interest Register to be updated and uploaded in the project website.

Refer to **Appendix D** for full details of the audit evidence collected during this audit.

Appendix A. Auditors Approval



Planning,
Industry &
Environment

Contact: Georgia Dragicevic
Phone: 4247 1852
Fax: 4224 9470
Email: Georgia.Dragicevic@planning.nsw.gov.au

Ms Rachel Mitchell
Planning Advisor
Health Infrastructure
PO Box 1060
NORTH SYDNEY NSW 2059

Email: rachel.mitchell@health.nsw.gov.au

31 January 2020

Dear Ms Mitchell

Goulburn Base Hospital Redevelopment (SSD 8667) Independent Auditor

I refer to your email letter dated 14 January 2020, seeking the agreement of the Planning Secretary of the Department of Planning, Industry and Environment ("the Department") of the suitability of the Auditor's qualifications, experience and independence to undertake an independent audit of the Goulburn Base Hospital Redevelopment Project ("the Project").

In accordance with Condition C39 and the *Independent Audit Post Approvals Requirements (June 2018)*, the Planning Secretary has agreed to Ms Annabelle Tungol, Ms Ana Maria Munoz and Mr Luis Garzon as the Auditors for the Project.

Notwithstanding, the agreement for Ms Tungol, Ms Munoz and Mr Garzon to be the Auditors for this Project, each respective project approval requires a request for the agreement to the auditors be submitted to the Department, for the consideration of the Secretary. Each request is reviewed and depending on the complexity of future projects, the suitability of proposed auditors will be considered.

The Independent Audit must be prepared, undertaken and finalised in accordance with the *Independent Audit Post Approval Requirements (June 2018)*.








Should you have any enquiries in relation to this matter, please contact Georgia Dragicevic, Senior Compliance Officer, on 4247 1852 or by email to Georgia.Dragicevic@planning.nsw.gov.au

Yours sincerely




Katrina O'Reilly
Team Leader Compliance
as nominee of the Secretary

Appendix B. Audit Attendance Sheet

AUDIT ATTENDANCE SHEET				
PROJECT: <u>Goulburn Hospital Redevelopment</u>		AUDIT No.: <u>AQ1268.03</u>		
AUDITEE: <u>Root Partnership & H1</u>		LEAD AUDITOR: <u>Ana Maria Munoz</u>		
MEETING LOCATION: <u>Goldsmith street, Goulburn</u>				
OPENING MEETING DATE AND TIME: <u>12/5/2022</u> <u>10:30am</u>				
CLOSING MEETING DATE AND TIME: <u>12/5/2022</u> <u>2:00pm</u>				
NAME	ORGANISATION	POSITION	SIGNATURE	
			OPENING MEETING	CLOSING MEETING
Ana Munoz	AQUAS	Lead Auditor		
Mianni Venetis	Root Partnerships	Project Manager		
Kerry Horvath	SNSWLHD	Project Lead		-
Celin Davis	SNSWLHD	Capital Development Manager		-

Date: 04.06.14
F-02 Audit Attendance Sheet Rev.1
Page: 1 of 1

Appendix C. Independent Audit Declaration Form

Declaration of Independence - Auditor	
Project Name:	Goulburn Hospital and Health Service Redevelopment (GHHSR)
Consent Number:	SSD 8667
Description of Project:	Construction of a new four storey Acute Services Building
Project Address:	130 Goldsmith, Goulburn
Proponent:	Health Administration Corporation
Title of Audit:	Independent Environmental Audit No.3
Date:	12 May 2022
<p>I declare that I have undertaken the Independent Audit and prepared the contents of the attached Independent Audit Report and to the best of my knowledge:</p> <ul style="list-style-type: none"> i. the audit has been undertaken in accordance with relevant condition(s) of consent and the Independent Audit Post Approval Requirements (Department 2020); ii. the findings of the audit are reported truthfully, accurately and completely; iii. I have exercised due diligence and professional judgement in conducting the audit; iv. I have acted professionally, objectively and in an unbiased manner; v. I am not related to any proponent, owner or operator of the project neither as an employer, business partner, employee, or by sharing a common employer, having a contractual arrangement outside the Independent Audit, or by relationship as spouse, partner, sibling, parent, or child; vi. I do not have any pecuniary interest in the project, including where there is a reasonable likelihood or expectation of financial gain or loss to me or spouse, partner, sibling, parent, or child; vii. neither I nor my employer have provided consultancy services for the audited project that were subject to this audit except as otherwise declared to the Department prior to the audit; and viii. I have not accepted, nor intend to accept any inducement, commission, gift or any other benefit (apart from payment for auditing services) from any proponent, owner or operator of the project, their employees or any interested party. I have not knowingly allowed, nor intend to allow my colleagues to do so. <p>Notes:</p> <ul style="list-style-type: none"> a) Under section 10.6 of the <i>Environmental Planning and Assessment Act 1979</i> a person must not include false or misleading information (or provide information for inclusion in) in a report of monitoring data or an audit report produced to the Minister in connection with an audit if the person knows that the information is false or misleading in a material respect. The proponent of an approved project must not fail to include information in (or provide information for inclusion in) a report of monitoring data or an audit report produced to the Minister in connection with an audit if the person knows that the information is materially relevant to the monitoring or audit. The maximum penalty is, in the case of a corporation, \$1 million and for an individual, \$250,000; and b) The <i>Crimes Act 1900</i> contains other offences relating to false and misleading information: section 307B (giving false or misleading information – maximum penalty 2 years imprisonment or 200 penalty units, or both). 	
Name of Auditor: Ana Maria Munoz	
Signature:	
Qualification:	Environmental Auditor – Exemplar Global Certificate No. 115421
Company:	AQUAS
Company Address: Level 7 / 116 Miller Street, North Sydney, NSW, 2060	

Appendix D. Audit Checklist and Audit Findings

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
1.0	PART A - ADMINISTRATIVE CONDITIONS					
1.1	A	A1	Obligation to Minimise Harm to the Environment In addition to meeting the specific performance measures and criteria in this consent, all reasonable and feasible measures must be implemented to prevent, and, if prevention is not reasonable and feasible, minimise any material harm to the environment that may result from the construction and operation of the development.	There was no material harm reported. A site inspection was conducted and evidence that the environmental mitigation measures were implemented. Refer to photos attached as Appendix E.		Compliant
1.2	A	A2	Terms of Consent The development may only be carried out: e) in compliance with the conditions of this consent; f) in accordance with all written directions of the Planning Secretary; g) generally, in accordance with the EIS, Response to Submissions; and generally, in accordance with the Section 4.55(2) Modification Report and appendices prepared by City Plan, dated 20 September 2019 and the Response to Submissions, prepared by Health Infrastructure dated 4 December 2019, and the further information and appendices prepared by Health Infrastructure, dated 12 December 2019; h) generally in accordance with the Section 4.55(1A) Modification Report and appendices prepared by LGB Urban Planning, dated 14 March 2022, and the appendices prepared by Health Infrastructure and Stantec; and i) in accordance with the approved plans below: - Architectural Drawings prepared by Silver Thomas Hanley - Landscape Concept prepared by Space Lab - Subdivision Plan prepared by Project Surveyors - Wayfinding Signage prepared by Minale Tattersfield	<p>The development has been carried out in accordance with all written directions of the Department. Staging Report prepared by City Plan – Rev.02 02/07/2021 has been implemented and followed by the development.</p> <p>Modification No.2 was approved on the 28/01/2020 and Modification No.3 was approved on the 01/04/2022 for the Retention of the Ward Block (also known as buildings H and M), which was previously approved for demolition.</p> <p>Plans have been posted on the NSW Planning Portal website: https://www.planningportal.nsw.gov.au/major-projects/projects/goulburn-base-hospital-redevelopment Note: Majority of the Architectural Drawings, Landscape Drawings and wayfinding signage drawings are dated 2018 and the SSD 8667 Mod.3 (1/4/2022) has a list of updated plans in 2019 and 2022. Website needs to be updated.</p>	Opportunity for Improvement OFI-01: It is recommended to post all the updated Approved Plans in 2019 and 2022 in the project website. It was noted that the Plans posted in the NSW Planning Portal website did not include the architectural drawings, landscape drawings and wayfinding signage drawings from Modification 3 approved 01/04/2022.	Compliant

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1.3	A	A7	Planning Secretary as Moderator In the event of a dispute between the Applicant and a public authority, in relation to an applicable requirement in this approval or relevant matter relating to the Development, either party may refer the matter to the Planning Secretary for resolution. The Planning Secretary's resolution of the matter must be binding on the parties.	No disputes between the Applicant and a public authority had occurred to the date of the audit.		Not Triggered
1.4	A	A9	Legal Notices Any advice or notice to the consent authority must be served on the Planning Secretary.	No legal notices received.		Not Triggered
1.5	A	A14	Demolition Demolition work must comply with <i>Australian Standard AS 2601-2001 The demolition of structures</i> (Standards Australia, 2001). The work plans required by AS 2601-2001 must be accompanied by a written statement from a suitably qualified person that the proposals contained in the work plan comply with the safety requirements of the Standard. The work plans and the statement of compliance must be submitted to the Certifying Authority before the commencement of works.	Demolition works to be undertaken during Stage 2 as per the Staging Report from 11/2021 to 07/2022. During Stage 3 more demolition will be done with a target completion to the end of the year. This was placed on a condition of the Crown Certificate No.3 issued by BMG on 7/10/2020.		Compliant
2.0	PART B - PRIOR TO COMMENCEMENT OF CONSTRUCTION					
2.1	B	B7	Upon completion of remedial works, the Applicant must submit a Site Audit Report and Section A Site Audit Statement for the relevant part of the site prepared by a NSW EPA accredited Site Auditor. The Site Audit Report and Section A Site Audit Statement must verify the relevant part of the site is suitable for the hospital land use and be provided to the satisfaction of the Certifying Authority.	Asbestos removed in October 2021 following the commencement of Milestone 2 within the Medical Records Building. Sighted Report of site remediation and validation assessment from Douglas Partners dated 22/11/2021. Site Audit Report Acute Services Building – Goulburn Base Hospital, 130 Goldsmith Street, Goulburn dated 30/11/2021 prepared by Ramboll – EPA Accredited Site Auditor No. 1505. Sighted Appendix B - Site Audit Statement TO-068 dated 30/11/2021.		Compliant
2.2	B	B33	Notwithstanding the requirements of the Compliance Reporting Post Approval Requirements (Department 2018), the Planning Secretary may approve a request for ongoing annual operational compliance reports to be	No request to cease the ongoing annual operational compliance reports received to date.		Not Triggered

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			ceased, where it has been demonstrated to the Planning Secretary's satisfaction that an operational compliance report has demonstrated operational compliance.			
3.0	PART D - PRIOR TO OCCUPATION OR COMMENCEMENT OF USE					
3.1	D	D1	Notification of Occupation The date of commencement of the occupation of the development must be notified to the Department in writing, at least one month before occupation. If the operation of the development is to be staged, the Department must be notified in writing at least one month before the commencement of each stage, of the date of commencement and the development to be carried out in that stage.	Sighted letter to DPE dated 22/9/2021 with notification of commencement of occupation for Goulburn Hospital: <ul style="list-style-type: none"> - Stage 1, scheduled date 1/11/2021 - Stage 2, scheduled date 19/11/2021 DPE was notified via the portal on the 4/11/2021 of a revised scheduled date for commencement of occupation of Stage 1 of the 22/11/2021.		Compliant
3.2	D	D2	External Walls and Cladding Prior to the occupation of the building, the Applicant must provide the Certifying Authority with documented evidence that the products and systems used in the construction of external walls including finishes and claddings such as synthetic or aluminium composite panels comply with the requirements of the BCA.	External Walls components Disclosure Statement was provided by Interior Works 1/10/2020 complying with the relevant BCA requirements including non-combustibility and flammability. Design Statement for external walls and cladding was reviewed by the Certifying Authority as part of CC3 No. CRO-20082 dated 7/10/2020 from BMG.		Compliant
3.3	D	D3	The Applicant must provide a copy of the documentation given to the Certifying Authority to the Planning Secretary within seven days after the Certifying Authority accepts it.	External Wall System Disclosure Certificate (Installation) External & Common Wall Components for Stage 1 by Interior Works on the 10/09/21 certifies that the external wall systems have been installed as per the Design Statement. The Certificate was listed by the Certifying Authority as one of the documents reviewed in providing the Occupation Certificate dated 5/10/ 2021. Disclosure Certificate was sent to DPE 24/9/2021.		Compliant
3.4	D	D4	Protection of Public Infrastructure Unless the Applicant and the applicable authority agree otherwise, the Applicant must: <ul style="list-style-type: none"> a) repair, or pay the full costs associated with repairing, any public infrastructure that is damaged by carrying out the development; and 	Repairs to the pavement at 130 Faithful Street were undertaken as per the pavement design that was submitted to Council with the Section 138 application to undertake works within the road reserve. This involved rectification to the asphalt and line marking. Council's Business		Compliant

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			b) relocate, or pay the full costs associated with relocating any infrastructure that needs to be relocated as a result of the development. <i>Note: This condition does not apply to any damage to roads caused as a result of general road usage.</i>	Manager Design & Asset Management inspected the road on the 12/10/2021 and confirmed by email 13/10/2021 satisfaction with the asphalt surface rectification works at 130 Faithful Street. The cost of the repair works were met in full by the Project. No relocation of infrastructure was required because of the development.		
3.5	D	D5	Post-construction Dilapidation Report Prior to occupation of the building, the Applicant must engage a suitably qualified person to prepare a post-construction dilapidation report at the completion of construction. This report is: <ul style="list-style-type: none"> a) to ascertain whether the construction created any structural damage to adjoining buildings or infrastructure. b) to be submitted to the Certifying Authority. In ascertaining whether adverse structural damage has occurred to adjoining buildings or infrastructure, the Certifying Authority must: <ul style="list-style-type: none"> i. compare the post-construction dilapidation report with the pre-construction dilapidation report required by these conditions; and ii. have written confirmation from the relevant authority that there is no adverse structural damage to their infrastructure and roads. c) to be forwarded to Council. 	Post-construction Dilapidation Report is not required until Stage 3 - Final Works which are from November 2021 to July 2022.		Not Triggered
3.6	D	D6	Utilities and Services Prior to occupation of the building, a compliance certificate under the section 307 of the <i>Water Management Act 2000</i> must be obtained from Council and submitted to the Certifying Authority.	Water Management Act 2000 Certificate of Compliance under Section 307 dated 24/9/2021 provided by the Goulburn Mulwaree Council. Certificate was sent to CA, item #52 in the BCAC-21100 Certificate.		Compliant
3.7	D	D7	Works as Executed Plans Upon completion of all construction works, works-as-executed drawings signed by a registered surveyor demonstrating that the stormwater drainage and finished ground levels have been constructed as approved, must be submitted to the Certifying Authority.	Sighted Inspection Certificate for Stormwater (Milestone 1) dated 24 Sep 2021 from Affective Services. Certificate included in the BCA Completion Certificate No. 21100 dated 5/10/2021 item 109.		Compliant

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				Structural As-builts drawings from Bonacci were submitted to the CA on the 7/10/2021 as well as the final structural survey of external pavement. Installation Certificate – Structural from Bonacci and Meinhardt dated 1/10/2021. Certificate was sent to CA, item #188 in the BCAC-21100 Certificate.		
3.8	D	D8	Operational Management Plan (Safety and Security) Upon completion of all construction works, the Applicant must prepare an Operational Management Plan (OMP) for the site. The plan must: <ul style="list-style-type: none"> a) be prepared in consultation with relevant stakeholders of Goulburn Base Hospital; and b) include measures to ensure all wayfinding signage, CCTV security measures and landscaping is managed to maintain their effectiveness in ensuring the safety of all users of the hospital campus. 	Sighted Operational Management Plan – Safety and Security by Southern NSW LHD – 15/06/2021. a) Plan was prepared in consultation with relevant stakeholders from the Goulburn Hospital e.g., asset manager, project lead, architect, engineering, etc. b) CCTV management plan, wayfinding, and landscaping management plan were included in the plan. There is also an Operations and Maintenance Manual dated 23/9/2021 for Civil Works by Affective Services P/L. Plan includes a maintenance schedule for OSD Tanks filters, warranties and compliance certificates and Help & Contacts details.		Compliant
3.9	D	D9	The OMP required by condition D8 must be submitted to the satisfaction of the Certifying Authority and implemented for the life of the approved development. The OMP is to be reviewed as required to ensure the safety of all users of the hospital campus is maintained.	The OMP was submitted to the CA on 7/7/2021. The response provided by the Certifying Authority on the 9/7/2021, stated that it would be reviewed at the end of all construction activities at the end of Stage 2. Implementation and review of the OMP will be assessed on completion of construction.		Not Triggered
3.10	D	D10	Green Travel Plan Prior to the commencement of operation, a Green Travel Plan (GTP) must be prepared and be submitted to the Secretary to promote the use of active and sustainable transport modes. The plan must: <ul style="list-style-type: none"> a) be prepared by a suitably qualified traffic consultant in consultation with Council and TfNSW; 	Sighted Green Travel Plan Issue B dated 02/07/2021. a) Plan was prepared by GTA Consultants (Stantec). Plan was submitted to Goulburn Mulwaree Council and TfNSW for consultation. b) Mode share targets are identified in section 4.0 and table 4.2.		Compliant

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			<ul style="list-style-type: none"> b) include objectives and modes share targets (i.e. Site and land use specific, measurable and achievable and timeframes for implementation) to define the direction and purpose of the GTP; c) include specific tools and actions to help achieve the objectives and mode share targets; d) Include measures to promote and support the implementation of the plan, including financial and human resource requirements, roles and responsibilities for relevant employees involved in the implementation of the GTP; and e) include details regarding the methodology and monitoring/review program to measure the effectiveness of the objectives and mode share targets of the GTP, including the frequency of monitoring and the requirement for travel surveys to identify travel behaviours of staff to and from the hospital campus. 	<ul style="list-style-type: none"> c) Action have been included in section 5.0 (31 specific actions) d) Actions on implementation included in section 4.5 and 5.0. e) Monitoring and review included in section 6.0 <p>Plan was submitted to DPE on 6/7/2021.</p>		
3.11	D	D11	Heritage Interpretation Plan The Applicant must prepare a Heritage Interpretation Plan to acknowledge the historic heritage of the site. The plan must: <ul style="list-style-type: none"> a) be prepared by a suitably qualified and experienced expert in consultation with the OEH NSW Heritage Division and Council; b) be submitted to the Certifying Authority, Planning Secretary and Council prior to the commencement of operation of the Acute Services Building; c) include provision for naming elements within the development that acknowledges the site's heritage; and d) incorporates interpretive information into the landscape design for the site. 	<p>Sighted Interpretation Plan dated March 2021.</p> <ul style="list-style-type: none"> a) Plan was prepared by Perumal Murphy Alessi Heritage Consultants. b) Plan was submitted to CA on the 30/09/2021 and Council on the 24/5/2021. Acknowledge email from DPE was sighted dated 10/6/2021. c) Section 5.6 Includes the naming of the site elements. d) Included in section 4.2 Interpretive themes, section 5.0 recommended interpretation and figure 3.15 landscape plan. <p>Response from the Department of Premier and Cabinet / Heritage NSW was received on the 3/5/2021. Ref. COD21/260603.</p>		Compliant
3.12	D	D12	The Applicant must: <ul style="list-style-type: none"> a) not commence operation of the Acute Services Building until the Heritage Interpretation Plan is submitted to the Certifying Authority; and 	<p>Interpretation Plan was submitted to CA on the 7/7/2021 and 30/09/2021; letter from TSA to the CA (BMG) indicates that section 6.0 will be incorporated into the project in milestone 2 and final works.</p>		Compliant

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			b) implement the most recent version of the Heritage Interpretation Plan submitted to the Certifying Authority.			
3.13	D	D13	Mechanical Ventilation Following completion, installation and testing of all mechanical ventilation systems, the Applicant must provide evidence to the satisfaction of the Certifying Authority, prior to the final occupation, that the installation and performance of the mechanical systems complies with: <ul style="list-style-type: none"> a) the BCA; b) AS 1668.2-2012 The use of air-conditioning in buildings – Mechanical ventilation in buildings and other relevant codes; c) the development consent and any relevant modifications; and d) any dispensation granted by the NSW Fire Brigade. 	Design and Installation Certification of the Mechanical Services was provided by Fredon Air (NSW) Pty Ltd on the 14/09/2021 certifying that the mechanical services were designed and constructed in accordance with the relevant clauses of the BCA and relevant AS 1668.2 - 2012. The Certificate was listed in the documents reviewed by the CA in issuing the OC dated 5/10/2021. The Fire Engineering Report prepared by Affinity details Performance Solutions for departures to the BCA. Some of the performance solutions indirectly related to mechanical ventilation. The Fire Engineering Report was provided to Fire and Rescue NSW (FRNSW) for comments. FRNSW also carried out a completion inspection on the 15/9/2021.		Compliant
3.14	D	D14	Road Damage The cost of repairing any damage caused to Council or other Public Authority's assets in the vicinity of the Subject Site as a result of construction works associated with the approved development is to be met in full by the Applicant prior to commencement of use of any stage of the development.	Repairs to the pavement at 130 Faithful Street were undertaken as per the pavement design that was submitted to Council with the Section 138 application to undertake works within the road reserve. This involved rectification to the asphalt and line marking. Council's Business Manager Design & Asset Management inspected the road on the 12/10/2021 and confirmed by email 13/10/2021 satisfaction with the asphalt surface rectification works at 130 Faithful Street. The cost of the repair works were met in full by the Project.		Compliant
3.15	D	D15	Fire Safety Certification Prior to the final occupation of the Acute Services Building, a Fire Safety Certificate must be obtained for all the Essential Fire or Other Safety Measures forming part of this consent. A copy of the Fire Safety Certificate must be submitted to the relevant authority and Council. The	Sighted Interim Fire Safety Certificate signed by Owner's agent 30/9/2021 and DPE on the 1/10/2021 for the Clinical Services Building. Final Fire Certificate will be issued prior to handover of Milestone 2. Certificate was provided to Council 14/10/2021.	Non-Compliance NC-01: Although an Interim Fire Safety Certificate was issued and approved, Certificate was not prominently displayed in the building.	Non-Compliant

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			Fire Safety Certificate must be prominently displayed in the building.	Certificate was listed in the CA OC 5/10/2021. During the site inspection it was noted that Certificate was not displayed near the fire panel or in any other area in the building.		
3.16	D	D16	Structural Inspection Certificate A Structural Inspection Certificate or a Compliance Certificate must be submitted to the satisfaction of the Certifying Authority prior to the occupation of the relevant parts of any new or refurbished buildings. A copy of the Certificate with an electronic set of final drawings (contact approval authority for specific electronic format) must be submitted to the approval authority and the Council after: <ul style="list-style-type: none"> a) the site has been periodically inspected and the Certifying Authority is satisfied that the structural works is deemed to comply with the final design drawings; and b) the drawings listed on the Inspection Certificate have been checked with those listed on the final Design Certificate/s. c) person/s authorised to, for the life of the development. 	Structural As-builts drawings from Bonacci were submitted to the CA on the 7/10/2021 as well as the final structural survey of external pavement. Installation Certificate – Structural from Bonacci and Meinhardt dated 1/10/2021. Certificate was sent to the Goulburn Council on the 8/10/2021. Certificate was included in the BCAC-21100 item #188.		Compliant
3.17	D	D17	Compliance with Food Code Where relevant, the Applicant is to obtain a certificate from a suitably qualified tradesperson, certifying that any kitchen, food storage and food preparation areas have been fitted in accordance with the AS 4674 Design, construction and fit-out of food premises and provide evidence of receipt of the certificate to the satisfaction of the Certifying Authority prior to commencement of use.	It was indicated that there is no kitchen in the new Building and all the food is coming from the kitchen in the existing Hospital building. Therefore, this condition is not applicable		Not Triggered
3.18	D	D18	Stormwater Quality Management Plan Upon completion of all construction works, an Operation and Maintenance Plan (OMP) is to be prepared and submitted to the Certifying Authority to ensure proposed stormwater quality measures remain effective. The OMP must contain the following:	Stormwater Quality Management Plan prepared by Hansen Yuncken 19/11/2021 and submitted to the CA on the 19/11/2021 included requirements from a-d as follows: <ul style="list-style-type: none"> a) Maintenance schedule in section 5.0 b) Maintenance Log in section 6.0 		Compliant

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			a) maintenance schedule of all stormwater quality treatment devices; b) record and reporting details; c) relevant contact information; and d) Work Health and Safety and Water NSW requirements	c) Contacts information in section 3.0 d) WHS & Water NSW Requirements in section 7.0 The Plan was listed, and requirements verified in the Pre-Operational Compliance Report Stage 1 – 19/11/2021.		
3.19	D	D19	Rainwater Harvesting A signed works-as-executed Rainwater Re-Use Plan must be provided to the Certifying Authority upon completion of all construction works.	Rainwater Re-Use Plan is not required until Stage 3 - Final Works which are from November 2021 to July 2022. It was agreed by the stakeholders that the Plan will be submitted to CA upon completion of all construction works for Milestone 2.		Not Triggered
3.20	D	D20	Warm Water Systems and Cooling Systems The installation, operation and maintenance of warm water systems and water cooling systems (as defined under the Public Health Act 2010) must comply with the Public Health Act 2010, Public Health Regulation 2012 and Parts 1 and 2 (or Part 3 if a Performance-based water cooling system) of AS/NZS 3666.2:2011 Air handling and water systems of buildings — Microbial control — Operation and maintenance and the NSW Health Code of Practice for the Control of Legionnaires' Disease.	Sighted Installation Certificate – Hydraulic from Central Plumbing dated 17/09/2021. Certificate was included in the BCAC-21100 item #112. The Design and Installation Certificate provided by Fredon Air (NSW) Pty Ltd dated 14/09/2021 states that the mechanical services have been designed in accordance with AS 3666.1 - 2011.		Compliant
3.21	D	D21	Signage Wayfinding signage and signage identifying the location of staff car parking must be installed prior to commencement of use of all new parking areas.	Sighted Installation Certificate for Staff and Bicycle Wayfinding from AW Signs Pty Ltd dated 08/10/2021.		Compliant
3.22	D	D22	Bicycle wayfinding signage must be installed within the site to direct cyclists from footpaths to designated bicycle parking areas upon completion of all construction works.	Sighted Installation Certificate for Staff and Bicycle Wayfinding from AW Signs Pty Ltd dated 08/10/2021.		Compliant
3.23	D	D23	Do not drink' signage on non-potable water used for toilet flushing and to new hose taps and irrigation systems for landscaped areas must be installed within the site upon completion of all construction works.	To be done at completion of stage 3		Not Triggered
3.24	D	D24	Operational Waste Management Plan Prior to the commencement of operation of the Acute Services Building, the Applicant must prepare an	Sighted Waste Management Plan from Health Southern NSW LHD for Goulburn Services reviewed in April 2021.	Note: An annual waste audit is to be undertaken as per the Plan Section 4.0.	Compliant

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			<p>Operational Waste Management Plan (OWMP) for the development and submit it to the Certifying Authority. The OWMP must:</p> <ul style="list-style-type: none"> a) detail the type and quantity of waste to be generated during operation of the development; b) describe the handling, storage and disposal of all waste streams generated on site, consistent with the Protection of the Environment Operations Act 1997, Protection of the Environment Operations (Waste) Regulation 2014 and the Waste Classification Guideline (Department of Environment, Climate Change and Water, 2009); c) detail the materials to be reused or recycled, either on or off site; and d) include the Management and Mitigation Measures included in the RtS. 	<p>Plan was submitted to the CA 7/7/2021. Listed in the BCAC-21100 Certificate item #175.</p> <ul style="list-style-type: none"> a) Waste type defined in section 1.0. Also, table in pages 10-13 includes container type, location, quantity, frequency and storage location. b) Waste handling in section 3.0, storage in table in pages 10-13, waste treatment and disposal in section 6.0 c) Recyclable products description included in page 4. d) Section 2.0 and Appendix 5 – Waste Management Action Plan 2016-2020. Response to Submission (RtS) mitigation measures were taken into consideration on the Plan which indicates that waste audits are to be undertaken, same as the existing hospital waste management operations policies. 		
3.25	D	D25	<p>Validation Report</p> <p>The Applicant must prepare a Validation Report for the development. The Validation Report must:</p> <ul style="list-style-type: none"> a) be prepared by an EPA accredited Site Auditor; b) be submitted to EPA, the Planning Secretary, Council and the Certifying Authority for information one month after the completion of remediation works; c) be prepared in accordance with the RAP and the Contaminated Sites: Guidelines for Consultants Reporting on Contaminated Sites (OEHL, 2011); d) include, but not be limited to: <ul style="list-style-type: none"> i. comment on the extent and nature of the remediation undertaken; ii. describe the location, nature and extent of any remaining contamination on site; iii. sampling and analysis plan and sampling methodology; iv. results of sampling of treated material, compared with the treatment criteria in the 	<p>Site Remediation Report and Validation Assessment from Douglas Partners dated 22/11/2021 Rev.2. Report was sent to the Environmental Auditor Helen Onus.</p> <p>Remediation works were completed in October 2021. Report was sent to the Council 2/12/2021. Site Audit Statement (SAS-TO-068) and Audit Report was sent to CA on 30/11/2021; Statement sent to the EPA on 30/11/2021 Report was not sent to DPE 30/11/2021.</p> <p>It was noted that Stage 3 - Final Works are from November 2021 to July 2022.</p>		Compliant

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			<p>report titled Remediation Action Plan Goulburn Base Hospital, prepared by Consulting Earth Scientists, dated 19 September 2018;</p> <p>v. details of the volume of treated material emplaced within the containment cell and its location;</p> <p>vi. results of any validation sampling, compared to relevant guidelines/criteria;</p> <p>vii. discussion of the suitability the remediated areas for the intended land use; and</p> <p>viii. any other requirement relevant to the project.</p>			
3.26	D	D26	<p>Site Audit Report and Site Audit Statement</p> <p>Prior to final occupation, the Applicant must obtain from an EPA accredited Site Auditor, a Site Audit Statement and a Site Audit Report which demonstrates that the site is suitable for its intended use(s).</p>	<p>Site Audit Report Acute Services Building – Goulburn Base Hospital, 130 Goldsmith Street, Goulburn dated 30/11/2021 prepared by Ramboll – EPA Accredited Site Auditor No. 1505. Sighted Appendix B - Site Audit Statement TO-068 dated 30/11/2021.</p>		Compliant
3.27	D	D27	<p>Within three months of submission of the Validation Report required by condition D26, the Applicant must demonstrate to the satisfaction of the Certifying Authority that the Site Auditor has submitted a Site Audit Report and Site Audit Statement to EPA in accordance with the requirements of EPA's Guidelines for the NSW Site Auditor Scheme (DEC, 2006).</p>	<p>Site Audit Statement (SAS-TO-068) and Audit Report was sent to CA on 30/11/2021; Statement sent to the EPA on 30/11/2021.</p>		Compliant
3.28	D	D28	<p>Landscaping</p> <p>Prior to occupation of the building, the Applicant must prepare and fully implement a Landscape Management Plan to manage the revegetation and landscaping works on-site, to the satisfaction of the Certifying Authority. The plan must:</p> <p>a) be generally in accordance with the Landscape Concept prepared by Space Lab, dated 30 August 2018;</p> <p>b) detail the species to be planted on-site;</p> <p>c) describe the monitoring and maintenance measures to manage revegetation and landscaping works;</p> <p>d) be consistent with the Applicant's Management and Mitigation Measures described in the RtS; and</p>	<p>Sighted Landscape Management Plan from Health Southern NSW LHD – no date.</p> <p>a) Landscape drawings (Main Works Sheets 1-4 and Landscape details and schedules, etc) included in Appendix B, prepared by HY, STH, Space Lab and HI.</p> <p>b) Proposed landscape – plant species included – page 4</p> <p>c) Addressed in page 5 - Landscaping Maintenance</p> <p>d) Mitigation measures from the RtS contained within in the Plan. Landscaping will be provided throughout the at grade</p>		Compliant

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			e) provide for the planting of trees to screen approved car parking areas from the public domain and provide shade.	car park adjoining to Albert Street once Stage 3 is completed. e) Included in page 7 and Appendix 2 – J18-00478-L601.1-2.		
3.29	D	D29	The Applicant must not commence final operation until the Landscape Management Plan is submitted to the Certifying Authority.	Landscape Management Plan will be submitted to the CA until completion of Milestone 2.		Not Triggered
3.30	D	D32	The Applicant must manage the site in accordance with the Landscape Management Plan required by condition D29.	Landscape Management Plan has been implemented.		Compliant
3.31	D	D33	Outdoor Lighting The Applicant must ensure the installed lighting associated with the development achieves the objective of minimising light spillage to any adjoining or adjacent sensitive receivers. Outdoor lighting must: <ul style="list-style-type: none"> a) comply with the latest version of AS 4282-1997 - Control of the obtrusive effects of outdoor lighting (Standards Australia, 1997); and b) be mounted, screened and directed in such a manner that it does not create a nuisance to surrounding properties or the public road network. Upon installation of outdoor lighting, but before it is finally commissioned, the Applicant must submit to the Certifier evidence from a qualified practitioner demonstrating compliance in accordance with this condition.	Sighted Installation Certificate for Electrical Star Group – 23/09/2021. Certificate indicates that electrical services have been installed / implemented / constructed and they have been inspected, assessed, and tested (where appropriate) in accordance with BCA and AS 4282-1997. The Installation Certificate was provided to the Certifying Authority on the 24/09/2021. Electrical Certificate was included in the BCAC No. 21100 Completion Certificate dated 5/10/2021 item #111, it.		Compliant
4.0	PART E – POST OCCUPATION					
4.1	E	E1	Operation of Plant and Equipment All plant and equipment used on site, or to monitor the performance of the development must be: <ul style="list-style-type: none"> a) maintained in a proper and efficient condition; and b) operated in a proper and efficient manner. 	Maintenance records have been kept and Plant and equipment used accordingly. Refer to photos from the site inspection.		Compliant
4.2	E	E2	Community Communication Strategy The Community Communication Strategy, as approved by the Planning Secretary, must be implemented for a minimum of 12 months following the completion of construction.	Approved Community Communication Strategy dated 1 October 2019 (Version 1.0 30/9/2019) has been implemented. Monthly consultation meetings carried out, sighted community consultation committee		Compliant

Audit Compliance Codes: C: Compliant NC: No-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
				meeting minutes for 23/3/2022 and agenda for 28/4/2022.		
4.3	E	E3	Operational Noise Limits The Applicant must ensure that noise generated by operation of the development does not exceed the noise limits in the report titled Goulburn Hospital Redevelopment Acoustic Report, prepared by Wood and Grieve Engineers, dated 24 September 2018.	Sighted Installation Certification for Acoustic dated 08/09/2021 from Stantec. No further acoustic testing has been carried out since the certification. Operational noise monitoring has not been undertaken to date to the mechanical plant of the Acute Services Building.	Non-Compliance NC-02: Operational noise monitoring to be carried out of the Mechanical Plant of the Acute Services Building and results to be analysed to ensure they do not exceed the noise limits.	Non-Compliant
4.4	E	E4	The Applicant must undertake short term noise monitoring in accordance with the Noise Policy for industry where valid data is collected following the commencement of use of each stage of the development. The monitoring program must be carried out by an appropriately qualified person and a monitoring report must be submitted to the Planning Secretary within two months of commencement use of each stage of the development to verify that operational noise levels do not exceed the recommended noise levels for mechanical plant identified in the report titled Goulburn Hospital Redevelopment Acoustic Report, prepared by Wood and Grieve Engineers, dated 24 September 2018. Should the noise monitoring program identify any exceedance of the recommended noise levels referred to above, the Applicant is required to implement appropriate noise attenuation measures so that operational noise levels do not exceed the recommended noise levels or provide attenuation measures at the affected noise sensitive receivers.	Contractor did not undertake the noise monitoring required within two months of the commencement of operational activities to the mechanical plant of the Acute Services Building by an appropriately qualified person. Note: Prior issuing the final audit report it was indicated that the contractor (Hansen Yuncken) has engaged an acoustic consultant to undertake testing.	Non-Compliance NC-03: The short term operational noise monitoring and the program must be carried out in accordance with the requirement of condition E4 by an appropriately qualified person of the relevant Mechanical Plant of the Acute Services Building and a monitoring report to be submitted to DPE. Actions for any exceedances found must be undertaken in accordance with this condition.	Non-Compliant
4.5	E	E5	Unobstructed Driveways and Parking Areas All driveways, footways and parking areas must be unobstructed at all times. Driveways, footways and car spaces must not be used for the manufacture, storage or display of goods, materials, refuse, skips or any other equipment and must be used solely for vehicular and/or pedestrian access and for the parking of vehicles associated with the use of the premises.	From the site inspection all the driveways and footways were cleared, and no obstruction were sighted.		Compliant

Audit Compliance Codes: C: Compliant NC: No-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
4.6	E	E6	Green Travel Plan The Green Travel Plan required by condition D10 of this consent must be updated annually and implemented.	Green Travel Plan Issue B, 2/7/2021 will be implemented and reviewed annually. Next review July 2022.		Compliant
4.7	E	E7	Lighting The Applicant must ensure the lighting associated with the development: a) complies with the latest version of AS 4282-1997 - Control of the obtrusive effects of outdoor lighting (Standards Australia, 1997); and b) is mounted, screened and directed in such a manner that it does not create a nuisance to surrounding properties or the public road network.	Sighted Installation Certificate for Electrical Star Group – 23/09/2021. Certificate indicates that electrical services have been installed / implemented / constructed and they have been inspected, assessed, and tested (where appropriate) in accordance with BCA and AS 4282-1997.		Compliant
4.8	E	E8	Fire Safety Certificate The owner must submit to Council an Annual Fire Safety Statement, each 12 months after the final Safety Certificate is issued. The certificate must be on, or to the effect of, Council's Fire Safety Statement.	Sighted Interim Fire Safety Certificate signed by Owner's agent 30/9/2021 and DPE on the 1/10/2021. Final Certificate will be provided once Milestone 2 is completed. Next AFSS required in Sep/Oct 2022.		Not Triggered
4.9	E	E9	Landscaping The Applicant must maintain the landscaping and vegetation on the site in accordance with the approved Landscape Management Plan required by condition D28 for the duration of occupation of the development.	Landscape Management Plan from Health Southern NSW LHD has been implemented.	Note: Plan to include the date when it was developed, and any revisions undertaken.	Compliant
4.10	E	E10	Hazards and Risk The Applicant must store all chemicals, fuels and oils used on-site in accordance with: a) the requirements of all relevant Australian Standards; and b) the NSW EPA's Storing and Handling of Liquids: Environmental Protection — Participants Manual' if the chemicals are liquids.	In the site inspection it was noted that all chemicals were stored appropriately.		Compliant
4.11	E	E11	In the event of an inconsistency between the requirements of condition E 10 (a) and E 10(b) E10(a), the most stringent requirement must prevail to the extent of the inconsistency.	Noted.		Compliant
4.12	E	E12	Dangerous Goods Dangerous goods, as defined by the Australian	In the site inspection it was noted that all danger goods were stored appropriately in the		Compliant

Audit Compliance Codes: C: Compliant NC: No-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			Dangerous Goods Code, must be stored and handled strictly in accordance with: a) all relevant Australian Standards; b) for liquids, a minimum bund volume requirement of 110% of the volume of the largest single stored volume within the bund; and c) the Environment Protection Manual for Authorised Officers: Bunding and Spill Management – technical bulletin (EPA, 1997).	maintenance workshop and the oxygen tanks stored medical gas room.		
4.13	E	E13	In the event of an inconsistency between the requirements E12(a) to E12(c), the most stringent requirement must prevail to the extent of the inconsistency.	Noted.		Compliant
4.14	E	E14	Discharge Limits The development must comply with section 120 of the POEO Act, which prohibits the pollution of waters, except as expressly provided for in an EPL.	No discharges of water to date.		Not Triggered
4.15	E	E15	Bunding The Applicant must store all chemicals, fuels and oils used on-site in appropriately banded areas in accordance with the requirements of all relevant Australian Standards, and/or EPA's <i>Storing and Handling of Liquids: Environmental Protection – Participants Manual</i> (Department of Environment and Climate Change, 2007).	In the site inspection it was noted that all chemicals were stored appropriately. Cleaners room, dirty utility rooms had all the chemicals banded.		Compliant
4.16	E	E17	Outdoor Lighting Notwithstanding condition D33, should outdoor lighting result in any residual impacts on the amenity of surrounding sensitive receivers, the Applicant must provide mitigation measures in consultation with affected landowners to reduce the impacts to an acceptable level.	Ambulance Bay Lighting is currently impacting one of the local residents. Impacted resident has been consulted and mitigation strategies include installation of shroud or an additional tree to be planted in the street. The audit noted that the Public Project Interest Register has not been updated since October 2021 and did not include this complaint. Register to be updated and uploaded in the project website.	Opportunity for Improvement OFI-03: Public Project Interest Register to be updated and uploaded in the project website.	Compliant
5.0	APPENDIX A - WRITTEN NOTIFICATION AND REPORTING					

Audit Compliance Codes: C: Compliant NC: No-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
5.1	Appx	1	A written incident notification addressing the requirements set out below must be emailed to the Department at the following address: compliance@planning.nsw.gov.au within seven days after the Applicant becomes aware of an incident. Notification is required to be given under this condition even if the Applicant fails to give the notification required under condition C42 or, having given such notification, subsequently forms the view that an incident has not occurred.	No notifiable incidents.		Not triggered
5.2	Appx	2	Written notification of an incident must:	No notifiable incidents.		Not triggered
	Appx	2 (a)	identify the development and application number;			
	Appx	2 (b)	provide details of the incident (date, time, location, a brief description of what occurred and why it is classified as an incident);			
	Appx	2 (c)	identify how the incident was detected;			
	Appx	2 (d)	identify when the applicant became aware of the incident;			
	Appx	2 (e)	identify any actual or potential non-compliance with conditions of consent;			
	Appx	2 (f)	describe what immediate steps were taken in relation to the incident;			
	Appx	2 (g)	identify further action(s) that will be taken in relation to the incident; and			
	Appx	2 (h)	identify a project contact for further communication regarding the incident.			
5.3	Appx	3	Within 30 days of the date on which the incident occurred or as otherwise agreed to by the Planning Secretary, the Applicant must provide the Planning Secretary and any relevant public authorities (as determined by the Planning Secretary) with a detailed report on the incident addressing all requirements below, and such further reports as may be requested.	No notifiable incidents.		Not triggered
5.4	Appx	4	The Incident Report must include:	No notifiable incidents.		Not triggered
	Appx	4 (a)	a summary of the incident;			
	Appx	4 (b)	outcomes of an incident investigation, including identification of the cause of the incident;			

Audit Compliance Codes: C: Compliant NC: No-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
	Appx	4 (c)	details of the corrective and preventative actions that have been, or will be, implemented to address the incident and prevent recurrence; and			
	Appx	4 (d)	details of any communication with other stakeholders regarding the incident.			

Appendix E. Audit Photos



Photo 1 – Carpark and driveway at the main entrance free from obstructions



Photo 2 – Carpark on Faithful Street free maintained



Photo 3 – Footways marked and maintained



Photo 4 – Landscaping and signage maintained

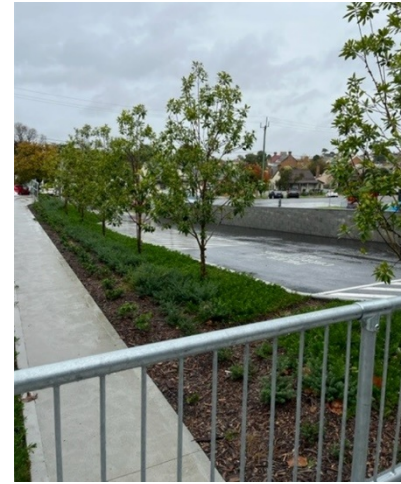




Photo 5 – Clinical Waste bins labelled at the Waste Shed



Photo 6 – General Waste bins labelled at the Waste Shed



Photo 7 – Cleaner's Room and chemical dispensers maintained; waste bins properly labelled



Photo 8 – Spill Kit available and suitably stocked



Photo 9 – Oxygen units labelled at the mechanical gas room, kept locked.



Photo 10 – Plant and Equipment maintained at Level 3 Plant Room.



Photo 11 – Wayfinding signage and restricted access areas marked



Photo 12 – Hazardous and flammable chemicals kept in lockable container

Appendix F. Consultation Records

From: [Ania Dorocinska](#)
To: [Munoz, Ana-Maria](#)
Subject: RE: Goulburn Hospital (SSD 8667) Independent Environmental Audit - Consultation
Date: Monday, 2 May 2022 10:56:57 AM
Attachments: [image002.png](#)

EXTERNAL

Good Morning Ana Maria,

Thank you for consulting with the Department of Planning and Environment (Department) on the scope of the Goulburn Hospital Redevelopment Independent Audit for the Operational Phase.

Please ensure the audit is conducted in accordance with Condition C39 of the Development Consent SSD-8667, which requires the audit to be carried out in accordance with the Independent Audit Post Approval Requirements. Consistent with Section 3.3 of those requirements, please ensure:

- The environmental performance of the development is assessed, including but not limited to actual versus predicted impacts
- A high level assessment of the environmental management plans is included, ensuring a review (and consideration of the implementation) of the green travel plan, operational management plan and waste management plan
- That the operational noise is being managed appropriately, and mechanical plant noise is not exceeding the prescribed noise limits
- The community communication strategy has been effectively implemented.

Thank you

Kind regards,
Ania Dorocinska
Senior Compliance Officer – Government Projects

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The Department of Planning and Environment acknowledges that it stands on Aboriginal land. We acknowledge the traditional custodians of the land and we show our respect for elders past, present and emerging through thoughtful and collaborative approaches to our work, seeking to demonstrate our ongoing commitment to providing places in which Aboriginal people are included socially, culturally and economically.