

## Nepean Hospital Redevelopment Independent Environmental Audit



### Assessment of CPB Contractors Environmental System Compliance Against the SSD 8766 Conditions of Consent

Audit Reference:	<b>AQ1245.06</b>
Audit Organisation:	<b>CPB Contractors</b>
Auditor:	<b>Luis Garzon – Lead Auditor, AQUAS</b>
Date of Audit:	<b>9 March 2023</b>
Draft Report Submitted:	<b>13 April 2023</b>
Final Report Submitted:	<b>24 April 2023</b>

# Amendment, Distribution & Authorisation Record

## Version Control and Distribution

Revision No.	Date	Reasons for Revision	Issued to
Draft	13/04/2023	Draft issue for comment	Nirajan Tamrakar – Turner & Townsend
Final	24/04/2023	Final	Nirajan Tamrakar – Turner & Townsend

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This report has been prepared and reviewed in accordance with our Quality control system.

This report has been prepared by:

**LUIS GARZON**  
Environmental Auditor

Date: 24/04/2023

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## 1. Executive Summary

This independent audit was completed to assess compliance of the Nepean Hospital Redevelopment project Stage 1 with the requirements of Development Consent SSD 8766 (Modification 5 of 14 October 2021).

This is the sixth independent environmental audit of the development and was conducted by Luis Garzon (AQUAS Lead Auditor) on 9 March 2023 covering the relevant conditions of SSD-8766.

The scope of Stage 1 involved the delivery of a new 14-storey clinical and ambulatory services building for the hospital. Construction of the development was completed, with operation commencing in May 2022 for Milestone 1 and October 2022 for Milestone 2, in accordance with the Staging Report prepared for the project.

At the time of the audit the following project activities were noted:

- The Building Stage 1 was now operational and under the Defects Liability Period;
- Works on the façade were nearing completion;
- An extension of time was granted for completion of car park works to achieve the required number of spaces – following the decommissioning of the existing helipad.

The project was generally found to be in compliance with the applicable Development Consent conditions, with the following key strengths noted:

- Compliance with the maintenance requirements of the operational phase;
- Landscape areas well maintained and records of maintenance works kept in OmTrak;
- Signage and way finding in place for emergency services, parking areas, bicycle facilities, drop-off/pick-up areas, etc.;
- No obstructed areas were noted in footpath, parking and loading dock;
- No complaints were received during the audited period.

The audit identified no environmental harm caused by the operation of the development, however three non-compliances were raised against conditions D35, E4 and E14, as follows:

**NC-01:** A report with ratings for Ecologically Sustainable Development was available (Steensen Varming, dated 01/08/2022) and submitted to the Certifying Authority. However, evidence was not available of submission to DPE, as required by this clause.

**NC-02:** Operational noise monitoring was carried out as required by this condition and actions for rectification are planned to address requirements that were not satisfied. However, a monitoring report was not submitted to DPE within two months of commencement of operation of the development, which is also a requirement of this condition.

**NC-03:** No evidence could be provided that the development complies with the requirement to keep quantities of dangerous goods stored and handled at the site below the threshold quantities listed in the Department of Planning's *Hazardous and Offensive Development Application Guidelines – Applying SEPP 33* at all times.

It is recommended that the Proponent addresses these non-compliances and other recommendations made in this report to attain full compliance with the SSD-8766 as part of the continuous improvement of environmental performance for the project.

## 2. Introduction

### 2.1 Background

CPB Contractors was appointed by Health Infrastructure to deliver the construction of a new 14 storey clinical and ambulatory services building as part of the Nepean Hospital Redevelopment Project. Turner & Townsend (T&T) is the appointed Project Management consultant. Redevelopment works for the project included:

- A new clinical services block;
- A new and expanded emergency department;
- Expanded and upgraded medical imaging;
- A new neonatal intensive care unit;
- A new helipad;
- New community health services; and
- Expansion of medical oncology services.

These works comprising Stage 1 of the redevelopment have now been completed and the new development is now operational.

The proponent engaged AQUAS to undertake this sixth independent environmental audit on 9 March 2023 during operational phase of the Nepean Hospital Redevelopment project to verify compliance with the SSD 8766, condition C43:

Independent Audits of the development must be carried out in accordance with:

- (a) the Independent Audit Program submitted to the Department and the Certifier under condition C39 of this consent; and
- (b) the requirements for an Independent Audit Methodology and Independent Audit Report in the Independent Audit Post Approval Requirements (Department 2018).

### 2.2 Project Details

Description	
Project Name	Nepean Hospital Redevelopment Stage 1
Project Application Number	SSD 8766
Project Address	35-65 Derby Street, Kingswood NSW
Project Phase	Post Occupation
Project Activity Summary	<p>At the time of the audit the following project activities were noted:</p> <ul style="list-style-type: none"><li>• The Building Stage 1 was now operational and under the Defects Liability Period;</li><li>• Works on the façade were nearing completion;</li><li>• An extension of time was granted for completion of car park works to achieve the required number of spaces – following the decommissioning of the existing helipad.</li></ul>

### 2.3 Audit Team

Details of the AQUAS environmental auditor(s) for this audit were approved by the Department of Planning and Environment (DPE).

Name	Company	Position	Certification
Luis Garzon	AQUAS	Environmental Auditor	SAI Global Lead Auditor; Exemplar Global Environmental Auditor - Certificate No. 121326

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

## 2.4 Audit Objectives

The objective of this audit was to undertake the sixth independent environmental audit focused on the post-occupation requirements of Nepean Hospital Redevelopment Project Stage 1 in compliance with the SSD 8766 condition C43 and review of the following:

- Closing out the previous audit findings;
- Any applicable conditions from Parts A, B, C and D previously marked as Non-Triggered;
- Compliance with Part E (Post-Occupation conditions) of SSD 8766;

## 2.5 Audit Scope

The scope of this audit comprised of the review of the project compliance against Relevant SSD 8766 Mod-5 Conditions including the following:

- Review of the post-occupation documentation
- Site inspection conducted on 9 March 2023;
- Review of environmental site controls and records;
- Interviews with site personnel; and
- Consultation with stakeholders.

## 2.6 Audit Period

This was the sixth independent environmental audit carried out by AQUAS on the project which covers the review of environmental documentation and records for the post occupation phase.

It should be noted that this report is based on the result of sampling and supplied documentation/records provided by the auditee, as well as site activities sighted on the day of audit inspection on 9 March 2023.

## 3. Audit Methodology

### 3.1 Approval of Auditors

Letter from 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 Conditions SSD 8766 Mod-5. Refer to **Appendix D** of this report.

### 3.3 Audit Process

#### 3.3.1 Opening Meeting

An opening meeting was held on 9 March 2023 at 9:00 am with the project personnel from T&T, HI and AQUAS auditors as per the Audit Attendance Sheet. Refer to **Appendix B** of this report.

Key items were discussed, including:

- Confirmation of the purpose and scope of the audit;
- Overview of the project and current status of the works;
- Staging of works per the Staging Report;
- Occurrence of any environmental incidents and complaints; and
- Overview of the audit process in accordance with the proposed audit agenda.

#### 3.3.2 Conduct of Audit

Audit activities included the following:

- Review the project documentation (CEMP and its sub-plans) to verify compliance with the Development Consent Conditions SSD 8766 Mod-5;
- Site inspection to review implementation of mitigation measures and environmental controls;
- Conduct of the audit following the checklist prepared in accordance with the SSD Conditions through interviews with project 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 by the Proponent and contractor 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 DPIE and to be posted on the Project website.

#### 3.3.3 Closing Meeting

The closing meeting was held on 9 March 2023 at 1:30 pm with the representatives of T&T, HI and AQUAS. General feedback was provided, and the findings of the audit were discussed during the closing meeting.

The AQUAS auditor acknowledged the cooperation, openness and hospitality of T&T staff during the conduct of this audit.

### 3.4 Interviewed Persons

Name and position of persons interviewed:

Name	Organisation	Position
Nirajan Tamrakar	Turner & Townsend	Project Manager
Adrian Timp	Health Infrastructure	Senior Project Director
Paul Isaac	NBMLHD	Redevelopment Manager
Carmine Alvaro	CPB Contractors	Site Engineer

### 3.5 Details of Site Inspection

A site walk around the main tower and construction area was conducted with focus on the following controls:

- Signage
- Driveways and Parking areas
- Landscaping
- Handling of dangerous goods
- Chemical Storage and bunding of chemicals
- General Housekeeping

During the site inspection no non-compliances were raised, however an opportunity for improvement was identified, as noted in Section 5.4 of this report. Photos taken during the site inspection are included in **Appendix E**.

### 3.6 Consultation

Consultation was 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.

No feedback comments were received from the Department in this instance. Refer to **Appendix F** for consultation records.

### 3.7 Audit Compliance Status Descriptors

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

Status Descriptors	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:

- Staging Report – Nepean Hospital Redevelopment Stage 1 Rev. 18 dated 27/04/2022
- JBSN&G Validation report Stage 1, 2A and 2B 7 April 2022.
- Flood Emergency Response Plan Rev. G – 24/2/2021
- Road Occupancy Licence dated 6-11 October 2022 Ref No. 1924674
- Wolfpeak Pre-Operation Compliance Report - dated 04/05/2022.
- Engineering Certificate of Inspection EA20/0049 - SSD8766 - MDA19/0001 dated 20/06/2022
- NBMLHD Sustainability Plan 2019-2023.
- Healthy and Green Travel document
- Completion Certificate BCAC-22012 by BMG dated 14/02/2022
- Installation Certificate for Essential Fire Safety Measures, dated 20/05/2022
- Bonacci Structural Certificates for Milestones 1, 2, 3 and 4 dated 04/02/2022, 27/04/2022, 20/05/2022 and 10/06/2022 respectively.
- Installation Certificate by the lighting contractor (Star Group Electrical) dated 08/06/2022.
- Signage Installation Certificate from AW Signs dated 11/05/2022
- Section 73 Compliance Certificate issued by Sydney Water - 19/1/2021
- Landscape Management Plan from O Landscapes dated November 2021
- Senversa Site Audit Report, dated 29/07/2020
- Green Star certification Report by Steensen Varming dated 01/08/2022
- Nepean Hospital Stage 1 Acoustic test Post-Completion Testing by Acoustic Logic, dated 06/03/2023
- DPE Letter Ref. SSD-8766-PA-51 dated 25/05/2022
- Transmittal from Aconex No. Con-TTRAN-000019 mail number Con-TTRAN-000026.
- DPE letter "Nepean Hospital - Stage 1 Upgrade - SSD-8766 - Agreement to Independent Auditor", dated 16/02/2023
- Approval Letter from the Certifier- BM+G-GCOR-001092 Re: "Outdoor Lighting", dated 20/06/2022.

## 5. Audit Findings

### 5.1 Assessment of Compliance

This audit was completed to assess the implementation of environmental controls established by the Proponent to meet the requirements of Development Consent SSD 8766.

The following table summarises the audit findings by rating category:

Compliance Status Descriptors	Number of Findings
Compliant	42
Non-Compliant	3
Not Triggered	21
Total Requirements	66

The audit determined that the proponent has generally implemented the controls for environmental management within the operational activities currently being undertaken. The comparison of applicable audit requirements against the compliance ratings is as follows:

SSD Requirements (as applicable)	Compliance Ratings			Total Requirements
	C	NC	NT	
Part A – Administrative Controls	4	0	3	7
Part B – Prior to commencement of Construction	3	0	1	4
Part C – During Construction Ap 1 – Incident Notification/Reporting	6	0	3	9
Part D – Prior to Commencement of Operation	20	1	5	26
Part E – Post Occupation	9	2	5	16
Appendix A – Incident Notification and Reporting	0	0	4	4

### 5.2 Notices, Incidents and Complaints

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

No complaints were received during the operational period. The Complaints Register was available in the project website, marked as 'Nil'.

### 5.3 Previous Audit Findings (April 2022)

Previous audit findings were reviewed as part of the audit, as follows:

Finding No.	SSD Condition	Audit Finding	Follow-up Comments	Status
Non-Compliance-01	<b>C51:</b> Revision of Strategies, Plans and Programs	Although a notification was sent to DPE on the 7/4/2022 notifying the latest revision of the CEMP, previous revisions of the CEMP and sub-plans were not notified to the Certifying Authority (BMG) in writing after the reviews were carried out.	Project team has established regular reviews to confirm if any Plans or relevant project documents require a review, and notify the Department and Certifier, as necessary. E.g. Presented Lodgement receipt of Notification of Plans review to DPE under Condition C51 dated 07/04/2022 Ref. SSD-8766-PA-48. Notification to BMG per CPB Correspondence trail Ref. CPB-Con-GCOR-051864 dated 08/04/2022	<b>Closed</b> 09/03/2023
Opportunity for Improvement-01	<b>A2:</b> Terms of Consent	A suggestion was made for all the Approved Plans to be posted in one location in the project website. It was noted that some Plans were posted in the Health Infrastructure website and others in the NSW Planning Portal website under Modification 2 - Design Refinements.	Proponent noted that it is planned to leave the project plans for Stage 1 as they are, as the project is now operational, and implement the OFI for documentation related to Stage 2, which will commence later in the year.	<b>Closed</b> 09/03/2023

### 5.4 Audit Site Inspection

The site inspection was conducted at 9:00am on 7 April 2022. AQUAS auditor and T&T project staff and hospital maintenance staff walked through the operational site, where environmental controls were observed, including:

- Landscaped areas well maintained;
- Driveways, footpaths, loading dock parking areas unobstructed;
- Fire Safety Certificate in fire control room;
- Signage and wayfinding in place;
- Bunding for chemicals stored in the water treatment system plant.

Environmental mitigation measures were generally implemented and maintained in good condition. One opportunity for improvement was raised during the site inspection, in relation to chemicals storage, where secondary containment could be installed for chemicals in the water treatment plant room (refer to Section 5.9 of this report).

Please refer to photos of the site inspection in **Appendix E**.

### 5.5 Suitability of Plans and the EMS

The Plans identified as applicable for the operational phase are the Green Travel Plan (SSD Condition E6) and Landscape Management Plan (SSD Condition E9).

With regards to the Green Travel Plan, the audit noted that there has been ongoing work by a Transport Working Group for the plan development. A document dated 07 March 2023 was presented with a GTP Update, noting that the working group is to finalise the *Draft Nepean Green Travel Implementation Plan* by 10 April 2023, and would send it to the Sustainability Committee for endorsement on 19 April 2023.

A Landscape Management Plan was developed by O Landscapes dated November 2021. The Plan was deemed to be in compliance with SSD Condition D33 by the Certifying Authority. Evidence was presented of maintenance of landscaped areas in accordance with the schedule of works outlined in the Plan, as recorded in the OmTrak System. During the site inspection it was observed that plants were of healthy appearance and were thriving.

## 5.6 Development Past Performance

The audit noted a good project performance, consistent with the following aspects:

- No complaints or disputes were raised during the reporting period;
- Compliance reports were prepared, as required – e.g. Pre-Operation Compliance Report (refer to comment in Appendix D under Condition B41);
- Operational Noise monitoring was conducted, and currently in the process of implementing additional mitigation measures to ensure compliance with the requirements, some of which were not met during the initial monitoring carried out (refer to comments in Appendix D under Condition E4);
- Environmental controls for the operational phase were implemented and maintained.

## 5.7 Actual and Predicted Impacts

There were no additional impacts noted on the completed development based on the observations and evidence reviewed during this audit. The predicted impacts are as stated in the Environmental Impact Assessment (EIA), including the following:

- The new Stage 1 building provides a public entry for the hospital with more intuitive connections for pedestrians.
- The principles of crime prevention through environmental design are applied to the development.
- Impacts of solar access, visual impact, lighting and wind impacts are as predicted, as evidence reviewed shows these aspects of the development have been delivered in accordance with the requirements.
- Positive impact on car parking, with the delivery of new parking arrangements for staff and visitors.
- A positive impact also with refurbished dedicated end of trip facilities.
- Operational noise testing was carried out, with the report noting that the requirements for operational noise of mechanical plant are not currently satisfied. The proponent noted that rectification works to achieve compliance are planned for mid-April 2023. After this, it is expected that levels of operational noise from mechanical plant will be as predicted.
- The development in this operational stage provides for positive social and economic benefits with enhanced areas and contemporary facilities in the hospital for the provision of health services.

## 5.8 Key Strengths

Overall, the project was found to be compliant to the conditions of Development Consent SSD 8766 with the following key strengths noted:

- Compliance with the maintenance requirements of the operational phase;
- Landscape areas well maintained and records of maintenance works kept in OmTrak;
- Signage and way finding in place for emergency services, parking areas, bicycle facilities, drop-off/pick-up areas, etc.;
- No obstructed areas were noted in footpath, parking and loading dock;
- No complaints were received during the audited period.

## 5.9 Audit Findings and Recommendations

The audit identified three non-compliances and one opportunity for improvement as follows:

NC Number	Consent Condition Description	Audit Findings	Recommendations
NC-01	<b>D35: Ecologically Sustainable Development</b> Within 6 months of commencement of operation, Green Star certification must be obtained demonstrating the development achieves a minimum 4-star Green Star As Built rating unless updated NSW Health Engineering Guidelines are accepted by the Planning Secretary. Evidence of the certification or other evidence as agreed with the Planning Secretary in updated NSW Health Engineering Services Guidelines must be provided to the Certifying Authority and the Planning Secretary	A report with ratings was available (Steensen Varming, dated 01/08/2022) and submitted to the Certifying Authority. However, evidence was not available of submission to DPE, as required by this clause.	It is recommended that evidence of the Steensen Varming report be submitted to DPE as soon as possible, and that any future submissions to DPE be completed within the required timeframes.
NC-02	<b>E4: Operational Noise Limits.</b> 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 Acoustic Assessment Report (Rev) prepared by Acoustic Logic and dated 15/11/2018. 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.	Monitoring was carried out as required and actions for rectification are planned to address requirements that were not satisfied. However, a monitoring report was not submitted to DPE within two months of commencement of operation of the development, as required by this condition.	It is recommended that the monitoring report be submitted to DPE as soon as possible, and that any future submissions to DPE be completed within the required timeframes.
NC-03	<b>E14: Dangerous Goods</b> Quantities of dangerous goods stored and handled at the site must be below the threshold quantities listed in the Department of Planning's <i>Hazardous and Offensive Development Application Guidelines – Applying SEPP 33</i> at all times.	No evidence could be provided that the development complies with this requirement.	It is recommended that the Proponent provides evidence of compliance with this condition or evidence that this condition is not applicable to the development.

Additionally, one opportunity for improvement was identified for the continual improvement of the

environmental performance of the project.

OFI Number	Consent Condition Description	Audit Findings	Recommendations
OFI-01	<p><b>E12: Hazards and Risk</b> The Applicant must store all chemicals, fuels and oils used on-site in accordance with:</p> <ul style="list-style-type: none"> <li>a) the requirements of all relevant Australian Standards; and</li> <li>b) the NSW EPA's <i>Storing and Handling of Liquids: Environmental Protection – Participants Manual</i>, if the chemicals are liquids.</li> </ul> <p><b>E16: Bunding</b> The Applicant must store all chemicals, fuels and oils used on-site in appropriately bunded 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).</p>	<p>Chemicals observed in the Water Treatment Plant area generally addressed storage requirements, e.g.</p> <ul style="list-style-type: none"> <li>– Chemicals stored in a dedicated treatment plant room;</li> <li>– Reduced risk of pollution, as there was bunding and no drains observed near the storage area;</li> <li>– No stacking of chemical containers observed;</li> <li>– The chemical containers were connected to dispensers for use through hoses, reducing handling;</li> <li>– Safety Data Sheets were available for chemicals stored.</li> </ul> <p>However, no secondary containment was observed for chemicals stored, e.g. use of suitable drip trays.</p>	<p>Proponent to consider installing secondary containment for chemicals stored, e.g. use of suitable drip trays or similar with sufficient capacity to contain at least 25% of the total volume of the containers being stored and have adequate additional capacity to contain rain water or fire-fighting water (per NSW EPA's <i>Storing and Handling of Liquids: Environmental Protection – Participants Manual</i> pg. 41).</p>

Refer to the attached **Appendix D** for full details of the SSD Conditions assessment and auditor notes.

## Appendix A. Auditors Approval



Department of Planning and Environment

Ms Larissa Ozog  
Senior Planning Advisor  
Health Infrastructure  
1 Reserve Road  
St Leonards NSW 2065

16/02/2023

Dear Ms Ozog

**Nepean Hospital - Stage 1 Upgrade - SSD-8766**  
**Agreement to Independent Auditor**

I refer to your request (SSD-8766-PA-58) for the Secretary's agreement to suitably qualified persons to prepare the **Independent Environmental Audit (IEA)** for the Nepean Hospital - Stage 1 Upgrade, as required by Conditions C41 and C42 of **SSD-8766, as modified (the Consent)**.

The Department of Planning and Environment (the department) has reviewed the nominations and information you have provided and is satisfied that the nominated auditors are suitably qualified and experienced. Consequently, I can advise that the Secretary approves their appointment to prepare the IEA.

In accordance with Condition C39 of the Consent and the Independent Audit Post Approval Requirements, the Secretary has agreed to the following audit team:

- Mr Luis Garzon; Lead Auditor
- Ms Niamh Burke; Auditor

Please ensure this correspondence is appended to the Independent Audit Report.

The Independent Audit must be prepared, undertaken and finalised in accordance with the NSW Independent Audit Post Approval Requirements (2018). Failure to meet these requirements will require revision and resubmission.

The department reserves the right to request an alternate auditor or audit team for future audits.

Notwithstanding the agreement for the above listed audit team for this Project, each respective project approval or consent requires a request for the agreement to the auditor or audit team be submitted to the department, for consideration of the Secretary. Each request is reviewed and depending on the complexity of future projects, the suitability of a proposed auditor or audit team will be considered.

Should you wish to discuss the matter further, please contact Michelle Larkin on **02 9995 6799** or [compliance@planning.nsw.gov.au](mailto:compliance@planning.nsw.gov.au)



Department of Planning and Environment



Yours sincerely

A handwritten signature in black ink, appearing to read "R. Sherry".

Rob Sherry  
Team Leader Compliance - Government Projects  
Compliance

As nominee of the Planning Secretary



## Appendix B. Audit Attendance Sheet

### AUDIT ATTENDANCE SHEET



PROJECT: Nepean Hospital Redev. Stg 1 AUDIT No.: 6

AUDITEE: HI (Proponent) T&T (PM) LEAD AUDITOR: Luis Garzon

MEETING LOCATION: NH site office.

OPENING MEETING DATE AND TIME: 9/03/2023 9am

CLOSING MEETING DATE AND TIME: 9/03/2023 1:30 pm

NAME	ORGANISATION	POSITION	SIGNATURE	
			OPENING MEETING	CLOSING MEETING
Luis Garzon	AQUAS	Auditor	<i>Lg.</i>	<i>Lg.</i>
Sanan Qasim	AQUAS	Junior Auditor (cooper)	<i>SQ</i>	✓
NIRAJAN TAMRAKAR	T&T	Project manager	<i>NT</i>	✓
Jeff Nalby	T&T	Asst. Project Manager	<i>JN</i>	✓
Paul Isaac	NBMLHD	Redevelopment Manager	<i>PI</i>	✓
Adrian Timp	Health Infrastructure	Senior Project Director	✓ (online)	✓ (online)

## Appendix C. Independent Audit Declaration Forms

### Independent Audit Declaration Form

Project Name:	Nepean Hospital and Integrated Ambulatory Services
Consent Number:	SSD 8766
Description of Project:	Redevelopment of the Nepean Hospital (Stage 1), including the demolition of existing structures and construction of a 14-storey clinical and ambulatory services building with rooftop helipad, and associated works to access and parking, tree removal and landscaping.
Project Address:	35-65 Derby Street, Kingswood 2747
Proponent:	Health Infrastructure NSW
Title of Audit:	Independent Environmental Audit No. 6
Date:	13 March 2023

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:

- the audit has been undertaken in accordance with relevant condition(s) of consent and the Independent Audit Post Approval Requirements (Department 2020);
- the findings of the audit are reported truthfully, accurately and completely;
- I have exercised due diligence and professional judgement in conducting the audit;
- I have acted professionally, objectively and in an unbiased manner;
- 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;
- 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;
- 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
- 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.

Notes:

- Under section 10.6 of the *Environmental Planning and Assessment Act 1979* a person must not include false or misleading information (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 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
- The *Crimes Act 1900* 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 the Auditor:	Luis Garzon
Signature:	
Qualification:	Environmental Auditor
Company:	AQUAS Pty Ltd
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	<b>PART A - ADMINISTRATIVE CONDITIONS</b>					
1.1	A	A1	<b>Obligation to Minimise Harm to the Environment</b> 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.	The development has generally met the applicable requirements of this consent for the audited period. No material harm to the environment was reported and the site inspection did not identify any potential to cause adverse impact on the environment.		Compliant
1.2	A	A7	<b>Planning Secretary as Moderator</b> In the event of a dispute between the Applicant and a public parking 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.	Noted. No disputes to date.		Not Triggered
1.3	A	A9	<b>Legal Notices</b> Any advice or notice to the consent authority must be served on the Planning Secretary.	No legal notices received.		Not Triggered
1.4	A	A11	<b>Staging, Combining and Updating Strategies, Plans and Programs</b> With the approval of the Planning Secretary, the Applicant may: <ul style="list-style-type: none"> <li>a) prepare and submit any strategy, plan or program required by this consent on a staged basis (if a clear description is provided as to the specific stage and scope of the development to which the strategy, plan or program applies, the relationship of the</li> </ul>	Presented Staging Report Rev. 18 dated 27/04/2022, which combines Construction and Operations; also presented letter by DPE Ref. SSD-8766-PA-51 dated 25/05/2022 noting that the Department is satisfied with the Rev. 18 report.		Compliant

Audit Compliance Codes: C: Compliant NC: Non-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			<p>stage to any future stages and the trigger for updating the strategy, plan or program);</p> <p>b) combine any strategy, plan or program required by this consent (if a clear relationship is demonstrated between the strategies, plans or programs that are proposed to be combined); and</p> <p>c) update any strategy, plan or program required by this consent (to ensure the strategies, plans and programs required under this consent are updated on a regular basis and incorporate additional measures or amendments to improve the environmental performance of the development).</p>			
1.5	A	A20	<p><b>Access to Information</b></p> <p>At least 48 hours before the commencement of construction until the completion of all works under this consent, or such other time as agreed by the Planning Secretary, the Applicant must:</p> <p>(a) make the following information and documents (as they are obtained or approved) publicly available on its website:</p> <ul style="list-style-type: none"> <li>i. the documents referred to in condition A2 of this consent;</li> <li>ii. all current statutory approvals for the development;</li> <li>iii. all approved strategies, plans and programs required under the conditions of this consent;</li> <li>iv. regular reporting on the environmental performance of the development in accordance with the reporting arrangements in any plans or programs approved under the conditions of this consent;</li> <li>v. a comprehensive summary of the monitoring results of the development, reported in accordance with the specifications in any conditions of this consent, or any approved plans and programs;</li> </ul>	<p>Documentation available in the Project Website:  <a href="https://www.hinfra.health.nsw.gov.au/our-projects/project-search/nepean-redevelopment-stages-1-2">https://www.hinfra.health.nsw.gov.au/our-projects/project-search/nepean-redevelopment-stages-1-2</a>.</p>		Compliant

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			vi. a summary of the current stage and progress of the development; vii. contact details to enquire about the development or to make a complaint; viii. a complaints register, updated monthly; ix. audit reports prepared as part of any independent audit of the development and the Applicant's response to the recommendations in any audit report; x. any other matter required by the Planning Secretary; and (b) keep such information up to date, to the satisfaction of the Planning Secretary.			
1.6	A	A22	<b>Temporary Western Façade</b> Within 36 months after the commencement of operation, the Applicant must return any sections of the temporary façade on the western elevation of the building that are not required for connection to any future building, to the permanent facade as per materials and finishes shown on plan A0-305 prepared by BVN dated 27/9/19, provided as part of the section 4.55 modification application (SSD 8766 MOD 2).	Request for quotation façade and safe access system sighted 15/11/19 Transmittal from Aconex No. Con-TTRAN-000019 mail number Con-TTRAN-000026. The operational phase has commenced, but this condition is yet to be actioned.		Not Triggered
1.7	A	AN1	<b>Advisory Notes</b> All licences, permits, approvals and consents as required by law must be obtained and maintained as required for the development. No condition of this consent removes any obligation to obtain, renew or comply with such licences, permits, approvals and consents.	A Road Occupancy Licence was required in the audit period, E.g. ROL from 6-11 October 2022 Ref No. 1924674 – for installation of wayfinding around the perimeter of the hospital.		Compliant
2.0	PART B - PRIOR TO COMMENCEMENT OF CONSTRUCTION					

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor								
2.1	B	B26	The Flood Emergency Response Sub-Plan (FERSP) must address, but not be limited to, the following: (a) be prepared by a suitably qualified and experienced person(s); (b) address the provisions of the Floodplain Risk Management Guideline (OEH, 2007); (c) include details of: i. the flood emergency responses for both construction and operation phases of the development; ii. predicted flood levels; iii. flood warning time and flood notification; iv. assembly points and evacuation routes; v. evacuation and refuge protocols; and vi. awareness training for employees and contractors, and students.	Presented FERSP 24/02/2021 Rev. G. – Sections 3 and 4 address construction and operation phases of the project.		Compliant								
2.2	B	B41	<div><div><b>Compliance Reporting</b> Compliance Reports of the project must be carried out in accordance with the Compliance Reporting Post Approval Requirements (Department 2018).</div><table><tr><td>Pre-Operational Compliance Report</td><td>Pre-Operation</td><td>Report to be submitted to the Planning Secretary prior to commencement of operation</td><td>Single report only</td></tr><tr><td>Operation Compliance Report</td><td>Operation</td><td>Reporting required for the duration of operation</td><td>At intervals, no greater than 52 weeks from the date of commencement of operation</td></tr></table></div>	Pre-Operational Compliance Report	Pre-Operation	Report to be submitted to the Planning Secretary prior to commencement of operation	Single report only	Operation Compliance Report	Operation	Reporting required for the duration of operation	At intervals, no greater than 52 weeks from the date of commencement of operation	Sighted Pre-Operation Compliance Report prepared by Wolfpeak dated 04/May 2022. Operation Compliance Report is due in May 2023.		Compliant
Pre-Operational Compliance Report	Pre-Operation	Report to be submitted to the Planning Secretary prior to commencement of operation	Single report only											
Operation Compliance Report	Operation	Reporting required for the duration of operation	At intervals, no greater than 52 weeks from the date of commencement of operation											
2.3	B	B42	<b>Compliance Reporting</b> The Applicant must make each Compliance Report publicly available 60 days after submitting it to the Department and notify the Department and the Certifying Authority in writing at least seven days before this is done.	Pre-Operation Compliance Report sent to HI. Lodgement receipt from HI to the Planning Portal SSD-8766-PA-53 presented as evidence. Sent 09/05/2022.		Compliant								

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
2.4	B	B43	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 ceased, where it has been demonstrated to the Planning Secretary's satisfaction that an operational compliance report has demonstrated operational compliance.	No request to cease the ongoing annual operational compliance reports received to date.		Not Triggered
3.0	<b>PART C - DURING CONSTRUCTION</b>					
3.1	C	C39	<b>Independent Environmental Audit</b> Proposed independent auditors must be agreed to in writing by the Planning Secretary prior to the preparation of an Independent Audit Program or commencement of an Independent Audit.	Presented letter from DPE "Nepean Hospital - Stage 1 Upgrade - SSD-8766 Agreement to Independent Auditor", dated 16/02/2023 with approval of the AQUAS auditors.		Compliant
3.2	C	C43	Independent Audits of the development must be carried out in accordance with:	This audit has been carried out within the required timeframe, i.e. within 52 weeks of commencement of operation (noted as 10/05/2022), and in accordance with requirements of the IAPAR 2018.		Compliant
		C43 (a)	The Independent Audit Program submitted to the Department and the Certifying Authority under condition C39 of this consent; and			
		C43 (b)	The requirements for an Independent Audit Methodology and Independent Audit Report in the Independent Audit Post Approval Requirements (Department 2018)			
3.3	C	C44	In accordance with the specific requirements in the Independent Audit Post Approval Requirements (Department 2018), the Applicant must:	Audit Report No. 5 and response to findings dated 03/05/2022 found on the Project website. Notification to DPE done on 04/05/2022, per lodgement receipt Ref. SSD-8766-PA-52.		Compliant
		C44 (a)	review and respond to each Independent Audit Report prepared under condition C38 of this consent;			
		C44 (b)	submit the response to the Department and the Certifying Authority; and			
		C44 (c)	make each Independent Audit Report and response to it publicly available within 60 days after			

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			submission to the Department and notify the Department and the Certifying Authority in writing at least seven days before this is done.			
3.4	C	C45	Notwithstanding the requirements of the Independent Audit Post Approval Requirements (Department 2018), the Planning Secretary may approve a request for ongoing annual operational audits to cease, where it has been demonstrated to the Planning Secretary's satisfaction that ongoing operational audits are no longer required.	No request to cease the ongoing annual operational audits issued to date.		Not Triggered
3.5	C	C46	<b>Incident Notification, Reporting and Response</b> The Department must be notified in writing to compliance@planning.nsw.gov.au immediately after the Applicant becomes aware of an incident. The notification must identify the development (including the development application number and the name of the development if it has one), and set out the location and nature of the incident.	No incidents were reported during this audit period.		Not Triggered
3.6		C47	Subsequent notification must be given, and reports submitted in accordance with the requirements set out in Appendix 1.	No incidents were reported during this audit period.		Not Triggered
3.7	C	C48	<b>Non-compliance Notification</b> The Department must be notified in writing to compliance@planning.nsw.gov.au within seven days after the Applicant becomes aware of any non-compliance. The Certifying Authority must also notify the Department in writing to compliance@planning.nsw.gov.au within seven days after they identify any non-compliance.	One non-compliance was raised in the April 2022 audit (report submitted on 02/05/2022), and it was reported to DPE through the submission of the Audit Report with response to findings, including actions and timeframe for closure, sent on 04/05/2022, per lodgement receipt Ref. SSD-8766-PA-52.		Compliant
3.8	C	C49	The notification must identify the development and the application number for it, set out the condition of consent that the development is non-compliant with, the way in which it does not comply and the	The non-compliance noted above was reported to DPE through the submission of the Audit Report with response to findings (dated 03/05/2022), including		Compliant

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			reasons for the non-compliance (if known) and what actions have been, or will be, undertaken to address the non-compliance.	actions and timeframe for closure, sent on 04/05/2022, per lodgement receipt Ref. SSD-8766-PA-52.		
3.9	C	C51	<b>Revision of Strategies Plans and Programs</b> Within three months of:	Presented Lodgement receipt of Notification of Plans review to DPE under Condition C51 dated 07/04/2022 Ref. SSD-8766-PA-48. Notification to BMG per CPB Correspondence trail presented, Ref. CPB-Con-GCOR-051864 dated 08/04/2022.		Compliant
		C51 (a)	the submission of a compliance report under condition B40;			
		C51 (b)	the submission of an incident report under condition C46;			
		C51 (c)	the submission of an Independent Audit under condition C43;			
		C51 (d)	the approval of any modification of the conditions of this consent; or			
		C51 (e)	the issue of a direction of the Planning Secretary under condition A2 which requires a review,			
		C51	the strategies, plans and programs required under this consent must be reviewed, and the Department and the Certifying Authority must be notified in writing that a review is being carried out.			
<b>4</b>	<b>PART D - PRIOR TO OCCUPATION OR COMMENCEMENT OF USE</b>					
4.1	D	D2	<b>External Walls and Cladding</b> 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.	Communication regarding BCA compliance of cladding materials sent via Aconex to BMG Ref. CPB Con-GCOR-052768 dated 25/05/2022.		Compliant
4.2	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.	Submission to DPE per receipt on Planning Portal SSD-8766-PA-56. Sent on 07/06/2022.		Compliant

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
4.3	D	D4	<b>Post-construction Dilapidation report</b> 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: (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: (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.	Presented letter from Penrith City Council dated 17/06/2022 Re: City Assets Acceptance of Public Roads Post-Construction of Nepean Hospital Infra Works, agreeing that there was no adverse structural damage. Sent to BMG via Aconex, per correspondence Ref. CPB Con-GCOR-053176 dated 21/06/2022.		Compliant
4.4	D	D5	<b>Protection of Public Infrastructure</b> Unless the Applicant and the applicable authority agree otherwise, the Applicant must: a) repair, or pay the full costs associated with repairing, any public infrastructure that is damaged by carrying out the development; and b) relocate, or pay the full costs associated with relocating any infrastructure that needs to be relocated as a result of the development.	Per evidence presented under Condition D4, no damage was noted and no need to repair.		Not Triggered
4.5	D	D7	<b>Roadworks and Access</b> The Applicant must complete the new Somerset	The requirement in this Condition is addressed by the evidence presented under Condition D4.		Compliant

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			Street access works prior to operation of the development to the satisfaction of Council.	Presented Engineering Certificate of Inspection EA20/0049 - SSD8766 - MDA19/0001 dated 20/06/2022 noting all works completed and accepted by Council. Somerset Street access reviewed during site inspection.		
4.6	D	D8	<b>Works as Executed Plans</b> Prior to occupation of the building, works-as-executed drawings signed by a registered surveyor demonstrating that is in accordance with Council's Engineering Construction Specification for Civil Works, Water Sensitive Urban Design Technical Guidelines and Stormwater Drainage for Building Developments, and finished ground levels have been constructed as approved, must be submitted to the Certifying Authority.	As-Built drawings in OmTrak (appointed platform by HI for handover of drawings and other project documents). E.g. sighted Paul Linton (from Land Surveys) Ref. 1900686-PUB-001_A for drawing 1800696 PUB-001 Rev. A.  Presented letter from the Surveyor Ref. 1900686_1 BCR dated 28/04/2022 to CPB Contractors noted that survey has been carried out and the relevant developments have been constructed as approved. Correspondence BM+G-GCOR-001057 dated 02/06/2022 shows acknowledgement of the submission of drawings.		Compliant
4.7	D	D9	<b>Green Travel Plan</b> 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"> <li>a) be prepared by a suitably qualified traffic consultant in consultation with Council and Transport for NSW;</li> </ul>	There is a regular meeting carried out by LHD where the draft document is under discussion for endorsement. Presented "DRAFT ONLY NBMLHD Sustainability – Transport Working Group – Implementation Plan" and meeting minutes from 12 December 2022 workshop. Also presented a "Healthy and Green Travel" document from the Transport		Compliant

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			<ul style="list-style-type: none"> <li>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;</li> <li>c) set out measures to encourage staff to park in dedicated staff car parks;</li> <li>d) outline facilities and measures to promote public transport usage, car share schemes and employee incentives;</li> <li>e) 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;</li> <li>f) describe pedestrian and bicycle linkages and end of trip facilities available on-site.</li> <li>g) 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 hospital.</li> </ul>	<p>Working Group as part of the NBMLHD Sustainability Plan 2019-2023.</p> <p>A document dated 07/03/2023 was presented with a GTP Update, noting submission of the Plan for endorsement is planned for April 2023.</p>		
4.8	D	D10	<p><b>Mechanical Ventilation</b></p> <p>Following completion, installation and testing of all mechanical ventilation systems, the Applicant must provide evidence to the satisfaction of the CA, prior to the final occupation, that the installation and performance of the mechanical systems complies with:</p> <ul style="list-style-type: none"> <li>a) the BCA;</li> <li>b) AS 1668.2-2012 The use of air-conditioning in buildings – Mechanical ventilation in buildings and other relevant codes;</li> </ul>	<p>Presented Completion Certificate BCAC-22012 by BMG dated 14/02/2022. It includes reference to Mechanical Air Handling Systems (automatic shutdown) compliant with BCA, AS 1668.</p>		Compliant

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			c) the development consent and any relevant modifications; and d) any dispensation granted by the NSW Fire Brigade.			
4.9	D	D11	<b>Carparking Arrangements</b> Unless otherwise agreed by the Planning Secretary, occupation or commencement of use of the building must not occur until evidence to the satisfaction of the Planning Secretary is submitted demonstrating that a minimum of 2,009 car parking spaces are available to staff and visitors on the site.	1,901 parking spaces are available. A time extension was received on 31/01/2023 from DPE to HI (S. Jackman) with approval for completion of the remaining 108 car parking spaces by July 2023.		Not Triggered
4.10	D	D13	<b>Road Damage</b> 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.	Per evidence presented under Condition D4, no damage was noted and no need to repair.		Not Triggered
4.11	D	D14	<b>Fire Safety Certification</b> Prior to the final occupation, 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.	Presented Installation Certificate for Essential Fire Safety Measures, dated 20/05/2022, signed by N. Kasto, licence No. F016281D, DEP0000960, PRE0000794. Presented NSW Fire Certificate and evidence of the certificate on display was noted during the site inspection – Refer to Appendix E.		Compliant
4.12	D	D15	<b>Structural Inspection Certificate</b> 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	Bonacci Structural Certificates for Milestones 1, 2, 3 and 4, e.g. dated 04/02/2022, 27/04/2022, 20/05/2022 and 10/06/2022 signed by M. Ezzat Licence No. NER 1419145. Presented BMG correspondence to CPB Contractors Ref. BM+G-GCOR-001090		Compliant

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			<p>authority for specific electronic format) must be submitted to the approval authority and the Council after:</p> <ul style="list-style-type: none"> <li>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</li> <li>b) the drawings listed on the Inspection Certificate have been checked with those listed on the final Design Certificate/s.</li> </ul>	dated 20/06/2022 noting that the certificates satisfy the provisions of this condition.		
4.13	D	D16	<p><b>Compliance with Food Code</b></p> <p>Where relevant, the Applicant is to obtain a certificate from a suitably qualified tradesperson, certifying that the kitchen, food storage and food preparation areas have been fitted in accordance with the AS 4674 Design, construction and fit-out of food premises. The Applicant must provide evidence of receipt of the certificate to the satisfaction of the Certifying Authority prior to occupation.</p>	The new building does not have a kitchen, the LHD will utilise the existing kitchen to serve requirements for Tower 1.		Not Triggered
4.14	D	D21	<p><b>Outdoor Lighting</b></p> <p>To ensure that lighting of the building is sympathetic to the suburban environment and does not emphasise the scale of the building, the Applicant must prepare a lighting strategy for the proposed building in consultation with Council. The strategy shall be submitted to the satisfaction of the Certifying Authority prior to the occupation of the building and a copy provided to the Department and Council.</p>	<p>Installation Certificate by the lighting contractor (Star Group Electrical) dated 08/06/2022 signed by Rick Fewtrell Lic. No. EA59766.</p> <p>Certificate includes compliance with Aust. Standards, including AS 4282 – 1997.</p> <p>Approval from the Certifier noted, per letter BM+G-GCOR-001092 Re: “D21, D22, D23 &amp; D24 - Outdoor Lighting”, dated 20/06/2022.</p> <p>Email correspondence from Penrith City Council dated 28/09/2021 Re: “Response to Referral of Nepean Hospital Lighting Strategy &amp; Design Plans - SSD8766 - PCC Comments and Requirements for Consent</p>		Compliant

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
				<p><i>Authority / Certifier to Address Condition Compliance</i> contains comment on this condition.</p> <p>Presented submission of documentation for this condition to DPE, per email receipt from the Planning Portal SSD-8766-PA-43, dated 12/11/2021.</p>		
4.15	D	D22	<p>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:</p> <ul style="list-style-type: none"> <li>a) comply with the latest version of AS 4282-1997 - Control of the obtrusive effects of outdoor lighting (Standards Australia, 1997); and</li> <li>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.</li> </ul>	<p>Approval from the Certifier noted, per letter BM+G-GCOR-001092 Re: "D21, D22, D23 &amp; D24 - Outdoor Lighting", dated 20/06/2022.</p>		Compliant
4.16	D	D24	<p>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 conditions D21 and D22.</p>	<p>Acknowledgement by BMG through Aconex correspondence BM+G-GCOR-001092 Re: "D21, D22, D23 &amp; D24 - Outdoor Lighting" of 20/06/2022.</p>		Compliant
4.17	D	D25	<p><b>Signage</b> Way-finding signage and signage identifying the location of staff car parking must be installed prior to occupation.</p>	<p>Way-finding signage installed as noted during the site walk.</p>		Compliant
4.18	D	D26	<p>Bicycle way-finding signage must be installed within the site to direct cyclists from footpaths to designated bicycle parking areas prior to occupation.</p>	<p>Photo evidence provided of bicycle way-finding signage. Also sighted Signage Installation Certificate from AW Signs noting compliance with Conditions D26, D28,</p>		Compliant

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				signed by S. O'Donnell and dated 11/05/2022.		
4.19	D	D27	'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 prior to occupation.	Presented letter from Axis Plumbing dated 14/04/2022 noting that signage has been installed in line with condition D27.		Compliant
4.20	D	D30	<b>Validation Report</b> The Applicant must prepare a Validation Report for the development. The Validation Report must: <ul style="list-style-type: none"> <li>a) be prepared by an appropriately qualified environmental consultant and reviewed by an EPA accredited Site Auditor;</li> <li>b) be submitted to EPA, the Planning Secretary and the Certifying Authority for information one month after completion of remediation works;</li> <li>c) be prepared in accordance with the RAP and the Contaminated Sites: Guidelines for Consultants Reporting on Contaminated Sites (OEH, 2011); and</li> <li>d) include, but not be limited to:               <ul style="list-style-type: none"> <li>i. comment on the extent and nature of the remediation undertaken;</li> <li>ii. describe the location, nature and extent of any remaining contamination on site;</li> <li>iii. sampling and analysis plan and sampling methodology;</li> <li>iv. results of sampling of treated material, compared with the treatment criteria;</li> <li>v. details of the volume of treated material emplaced within the containment cell and its location;</li> <li>vi. results of any validation sampling, compared to relevant guidelines/criteria;</li> </ul> </li> </ul>	JBSN&G 7 April 2022 (2 Validation reports). Submissions: DPE – Receipt of submission to Planning Portal SSD-8766-PA-50 dated 02/06/2022 Re: "Subject: Validation Report – Stage 1 and 2A and Validation Report – Stage 2B Nepean Hospital Redevelopment – Stage 1 (D30 of SSD-8766)". Submitted to BMG per correspondence BM+G-GCOR-001061. Email sent to <a href="mailto:info@epa.nsw.gov.au">info@epa.nsw.gov.au</a> on 28/04/2022 Re: Nepean Hospital – Submission of Project Validation Report"		Compliant

**Audit Compliance Codes:** C: Compliant NC: Non-Compliant; NT: Not triggered



ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			<ul style="list-style-type: none"> <li>vii. discussion of the suitability the remediates areas for the intended land use.</li> <li>viii. any other requirement relevant to the project.</li> </ul>			
4.21	D	D31	<b>Site Audit Report and Site Audit Statement</b> Prior to occupation of the acute clinical services building, the Applicant must obtain from an EPA accredited Site Auditor, a Site Audit Statement and a Site Audit Report which demonstrates that the relevant part of the site is suitable for its intended use(s).	Presented Site Audit Report prepared by Senversa, dated 29/07/2020 and Site Audit Statement also prepared by Senversa on the same date, signed by M. Porter, accredited auditor.		Compliant
4.22	D	D32	Within two months of submission of the Validation report required by condition D18, 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 (3rd Edition) 2017.	Presented Aconex correspondence from BMG with acknowledgement that this condition is satisfied. BM+G-GCOR-001066 dated 06.06.2022.		Not Triggered
4.23	D	D33	<b>Landscaping</b> Prior to occupation, the Applicant must prepare a Landscape Management Plan to manage the revegetation and landscaping works on-site, to the satisfaction of the Certifying Authority. The plan must: <ul style="list-style-type: none"> <li>a) detail the species to be planted on-site;</li> <li>b) describe the monitoring and maintenance measures to manage revegetation and landscaping works;</li> <li>c) be consistent with the Applicant's Management and Mitigation Measures at EIS;</li> <li>d) provide for the planting of 229 trees as per the Landscape Plans and Plant Schedule prepared</li> </ul>	Landscape Management Plan provided by O Landscapes dated November 2021 Plan was submitted to the CA on the 3/12/2021. Aconex correspondence BM+G-GCOR-000820 dated 03/12/2021 with acknowledgement of compliance with Condition D33.		Compliant

**Audit Compliance Codes:** C: Compliant NC: Non-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			by Arcadia Landscape Architecture dated 21/08/2018.			
4.24	D	D34	The Applicant must not commence operation until the Landscape Management Plan is submitted to the Certifying Authority.	Plan was submitted to the CA and approved 3/12/2021.		Compliant
4.25	D	D35	<b>Ecologically Sustainable Development</b> Within 6 months of commencement of operation, Green Star certification must be obtained demonstrating the development achieves a minimum 4-star Green Star As Built rating unless updated NSW Health Engineering Guidelines are accepted by the Planning Secretary. Evidence of the certification or other evidence as agreed with the Planning Secretary in updated NSW Health Engineering Services Guidelines must be provided to the Certifying Authority and the Planning Secretary.	Sighted Report by Steensen Varming dated 01/08/2022 with the details of the ratings for different categories and showing a total of 54.1 points (4 Star Threshold is 45). Submission to the Certifier per email correspondence RE: "Nepean SSDA Condition D35 - 167164 RE: Green Star Equivalency Certificate" dated 09/08/2022. No evidence could be found of submission to DPE.	<b>Non-Compliance NC-01:</b> A report with ratings was available and submitted to the Certifying Authority. However, evidence was not available of submission to DPE, as required by this clause. It is recommended that evidence of the Steensen Varmin report be submitted to DPE as soon as possible.	Non-Compliant
4.26	D	D38	<b>Wind Tunnel Testing</b> Prior to the occupation of the building, details of compliance with the recommendations within the Pedestrian wind Environment Statement prepared by Windtech dated 6/04/2018 is to be submitted to the Certifying Authority.	Aconex Correspondence BM+G-GCOR-001093 dated 20/06/2022 notes satisfaction with the documentation received for compliance with Windtech report.		Compliant
<b>5</b>	<b>PART E – POST OCCUPATION</b>					
5.1	E	E1	<b>Operation of Plant and Equipment</b> All plant and equipment used on site, or to monitor the performance of the development must be: a) maintained in a proper and efficient condition; and b) operated in a proper and efficient manner.	Sighted Equipment Maintenance Schedule on the OmTrak system. E.g. Irrigation system – monthly requirements, yearly and 4-yearly requirements. Presented Spreadsheet with extract from OmTrak noting the assets and maintenance carried out on them, with dates.		Compliant

Audit Compliance Codes: C: Compliant NC: Non-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
5.2	E	E2	<b>Community Communication Strategy</b> The Community Communication Strategy, as approved by the Planning Secretary, must be implemented for a minimum of 12 months following the completion of construction.	The Community Communications Strategy <i>Nepean Hospital and Integrated Ambulatory Services Redevelopment Stage 1 / SSDA 8766</i> dated April 2019 is in place, e.g. information available through the website, communications with stakeholders as required.		Compliant
5.3	E	E3	<b>Operational Noise Limits</b> The Applicant must ensure that noise generated by operation of the development does not exceed the noise limits in Acoustic Assessment Report (Rev) prepared by Acoustic Logic and dated 15/11/2018.	Presented Nepean Hospital Stage 1 Acoustic test Post-Completion Testing (Conditions E3 and E4) prepared by Acoustic Logic, dated 06/03/2023, with the results of compliance testing carried out on 01/11/2022.  The report notes that the requirements are not currently satisfied. The Proponent noted that rectification works to ensure compliance are planned to be carried out in mid-April 2023.		Not Triggered
5.4	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 Acoustic Assessment Report (Rev) prepared by Acoustic Logic and dated 15/11/2018. Should the noise monitoring program identify any exceedance of the recommended noise	Presented Nepean Hospital Stage 1 Acoustic test Post-Completion Testing (Conditions E3 and E4) prepared by Acoustic Logic, dated 06/03/2023, with the results of compliance testing carried out on 01/11/2022.  The report notes that the requirements are not currently satisfied. The report also notes that it is understood that rectification works are currently being carried out and that once completed, updated compliance testing will be carried out for the normal and reduced operating hours.	<b>Non-Compliance NC-02:</b> A monitoring report was not submitted to DPE within two months of commencement of operation of the development, as required by this clause. It is recommended that the report be submitted as soon as reasonably practicable, and that any future submissions to DPE be completed within the required timeframes.	Non-Compliant

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			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.	The Proponent noted that rectification works are planned to be carried out in mid-April 2023.  No evidence could be found of a monitoring report being submitted to DPE within two months of commencement of operation – <b>Non-Compliance-01</b> .		
5.5	E	E5	<b>Unobstructed Driveways and Parking Areas</b> 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.	All driveways, footways and parking areas as observed during the site inspection were unobstructed.		Compliant
5.6	E	E6	<b>Green Travel Plan</b> The Green Travel Plan required by condition D9 of this consent must be updated annually and implemented.	Per evidence presented under Condition D9, there is a working group that meets regularly to work on a Draft Plan.		Not Triggered
5.7	E	E7	<b>Outdoor Lighting</b> Notwithstanding Condition D21, 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.	No residual impacts on sensitive receivers were noted by the Proponent.		Compliant
5.8	E	E8	<b>Fire Safety Certificate</b> 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.	Presented Installation Certificate issued by Emerge Fire Services Pty Ltd for Essential Fire Safety Measures, dated 20/05/2022, signed by N. Kasto, licence No. F016281D, DEP0000960, PRE0000794.		Compliant

Audit Compliance Codes: C: Compliant NC: Non-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
				Presented NSW Fire Safety Certificate for 35-65 Derby Street, Kingswood 2747 signed and dated 04/05/2022.		
5.9	E	E9	<b>Landscaping</b> The Applicant must maintain the landscaping and vegetation on the site in accordance with the approved Landscape Management Plan required by condition D33 for the duration of occupation of the development.	Presented example e.g. extract from OmTrak system showing Evidence of Landscaping activities – #MAT34 Soft landscape, 1 monthly, work completed by O Landscapes on 02/08/2022; includes list and photo evidence of activities carried out.		Compliant
5.10	E	E10	<b>Hazard Audit</b> Within twelve months after the commencement of operation and every three years thereafter, or at such intervals as the Planning Secretary may agree, the Applicant must carry out a comprehensive Hazard Audit of the development. Division 9.4 of Part 9 of the EP&A Act applies to these audits, which are for the purpose of hospital. The audits must: <ul style="list-style-type: none"> <li>a) be carried out at the Applicant's expense by a qualified person or team, who have been approved by the Planning Secretary and are independent of the development;</li> <li>b) be carried out in accordance with the Department's Hazardous Industry Planning Advisory Paper No. 5, 'Hazard Audit Guidelines'; and</li> <li>c) include a review of the site Safety Management System and a review of all entries made in the incident register since the previous audit.</li> </ul>	It was noted that LHD has been advised to carry out the audit by May 2023.		Not Triggered
5.11	E	E11	Within one month of completing each audit carried out in accordance with condition C43, the Applicant must submit a report to the satisfaction of the Planning Secretary for information. The audit report must be accompanied by a program for the	Refer to Condition C44 for response on the previous audit. The Applicant is to submit to DPE the audit report prepared per Condition C43 for this audit.		Not Triggered

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ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			implementation of all recommendations made in the audit report. If the Applicant intends to defer the implementation of a recommendation, reasons must be documented.			
5.12	E	E12	<b>Hazards and Risk</b> The Applicant must store all chemicals, fuels and oils used on-site in accordance with: <ol style="list-style-type: none"> <li>the requirements of all relevant Australian Standards; and</li> <li>the NSW EPA's <i>Storing and Handling of Liquids: Environmental Protection – Participants Manual</i>, if the chemicals are liquids.</li> </ol>	Chemicals storage was observed in the Water Treatment Plant area. The requirements were generally addressed, e.g. <ul style="list-style-type: none"> <li>Chemicals stored in a dedicated treatment plant room;</li> <li>Reduced risk of pollution, as there was some bunding and no drains observed near the storage area;</li> <li>No stacking of chemical containers observed;</li> <li>The chemical containers were connected to dispensers for use through hoses, reducing handling.</li> <li>Safety Data Sheets were available for chemicals stored</li> </ul> However, no secondary containment was observed for chemicals stored, e.g. use of suitable drip trays	<b>Opportunity for Improvement OFI-01:</b> Proponent to consider installing secondary containment for chemicals stored, e.g. use of suitable drip trays or similar with sufficient capacity to contain at least 25% of the total volume of the containers being stored and have adequate additional capacity to contain rain water or fire-fighting water (per NSW EPA's <i>Storing and Handling of Liquids: Environmental Protection – Participants Manual</i> pg. 41)	Compliant
5.13	E	E13	In the event of an inconsistency between the requirements of condition E12(a), the most stringent requirement must prevail to the extent of the inconsistency.	No inconsistencies in the requirements were identified for the chemicals found onsite.		Not Triggered
5.14	E	E14	<b>Dangerous Goods</b> The quantities of dangerous goods stored and handled at the site must be below the threshold quantities listed in the Department of Planning's <i>Hazardous and Offensive Development Application Guidelines – Applying SEPP 33</i> at all times.	Evidence of compliance with this condition could not be found.	<b>Non-Compliance NC-03:</b> No evidence could be found of the Development's compliance with this condition. It is recommended that the Proponent provides evidence	Non-Compliant

Audit Compliance Codes: C: Compliant NC: Non-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
					of compliance with this condition or evidence that this condition is not applicable to the development.	
5.15	E	E15	<b>Discharge Limits</b> 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.	There has been no pollution of waters, no EPL for this development.		Not Triggered
5.16	E	E16	<b>Bunding</b> 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).	Refer to evidence under Condition E12. It was suggested that secondary containment could be used for chemicals stored, e.g. use of suitable drip trays	<b>Opportunity for Improvement OFI-01:</b> Proponent to consider installing secondary containment for chemicals stored, e.g. use of suitable drip trays.	Compliant
<b>5</b>	<b>APPENDIX A - INCIDENT NOTIFICATION AND REPORTING</b>					
6.1	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 C32 or, having given such notification, subsequently forms the view that an incident has not occurred.	No incidents have happened on site.		Not Triggered
6.2	Appx	2	Written notification of an incident must: a) identify the development and application No.; b) provide details of the incident (date, time, location, a brief description of what occurred and why it is classified as an incident); c) identify how the incident was detected;	No incidents have happened on site.		Not Triggered

Audit Compliance Codes: C: Compliant NC: Non-Compliant; NT: Not triggered

ID No.	SSD Part No.	SSD Req. No.	SSD Requirement	Audit Evidence	Audit Findings / Recommendations	Compliance Descriptor
			<ul style="list-style-type: none"> <li>d) identify when the applicant became aware of the incident;</li> <li>e) identify any actual or potential non-compliance with conditions of consent;</li> <li>f) describe what immediate steps were taken in relation to the incident;</li> <li>g) identify further action(s) that will be taken in relation to the incident; and</li> <li>h) identify a project contact for further communication regarding the incident.</li> </ul>			
6.3	Appx	3	Within 30 days of the date on which the incident occurred or as otherwise agreed to by the DPE, the Applicant must provide the DPE and any relevant public authorities (as determined by the DPE) with a detailed report on the incident addressing all requirements below, and further reports as request	No incidents have happened on site.		Not Triggered
6.4	Appx	4	<p>The Incident Report must include:</p> <ul style="list-style-type: none"> <li>a) a summary of the incident;</li> <li>b) outcomes of an incident investigation, including identification of the cause;</li> <li>c) details of the corrective and preventative actions that have been, or will be, implemented to address the incident and prevent recurrence; and</li> <li>d) details of any communication with other stakeholders regarding the incident.</li> </ul>	No incidents have happened on site.		Not Triggered

**Audit Compliance Codes:** C: Compliant NC: Non-Compliant; NT: Not triggered



## Appendix E. Audit Photos



Photo 1 – Landscaped areas maintained



Photo 2 – Landscaped areas maintained



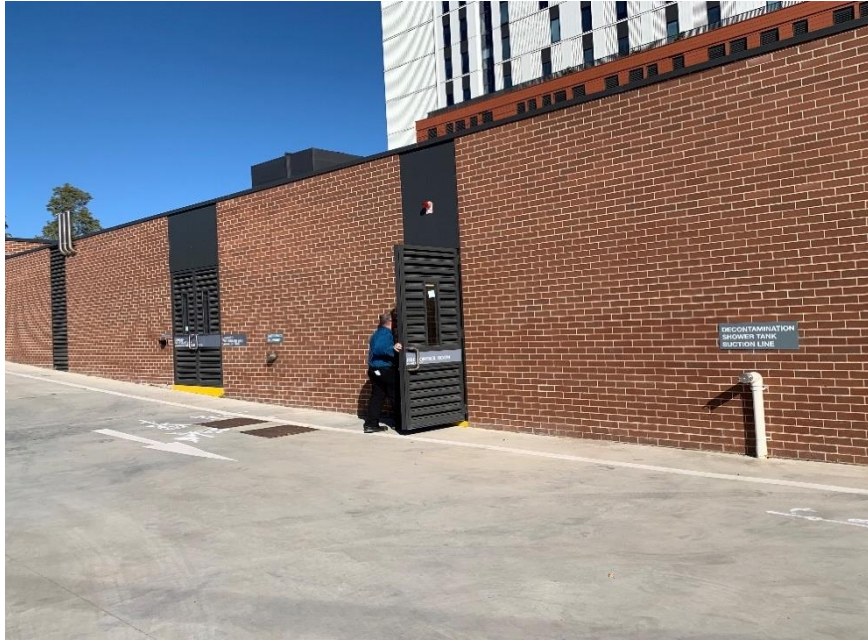


Photo 3 – Access to the Fire Control Room



Photo 4 – New Emergency Department entrance



Photo 5 – Fire Detection Block Plans in Fire Control Room

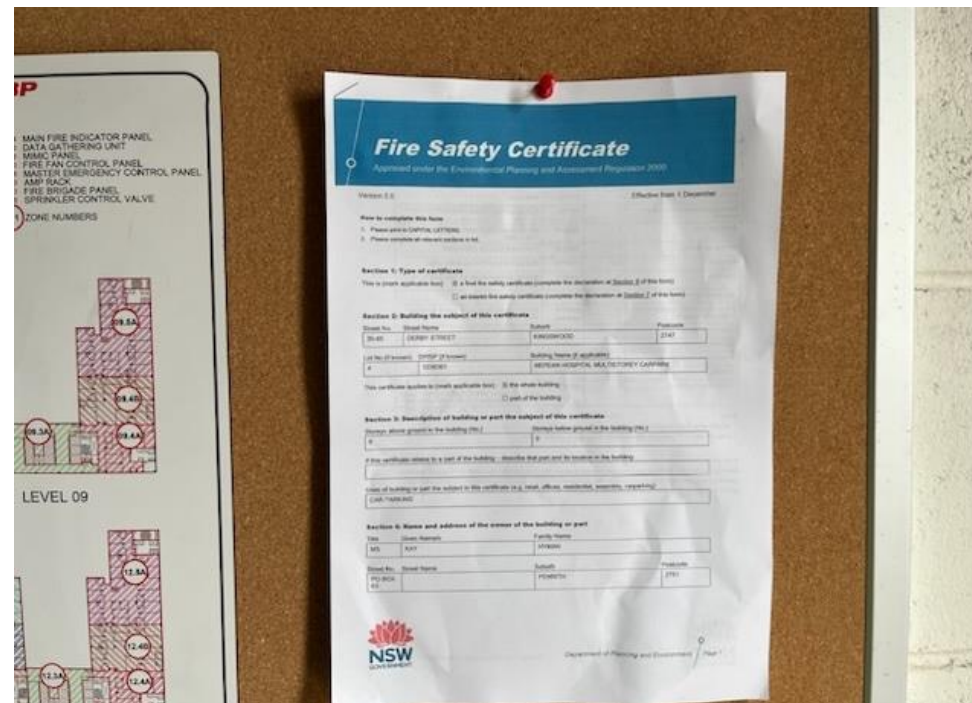


Photo 6 – Fire Safety Certificate displayed in Fire Control Room noticeboard





Photo 7 – Chemicals in storage/use in the water treatment plant room. Suitable secondary containment suggested



Photo 8 – No drains in the area around stored chemicals

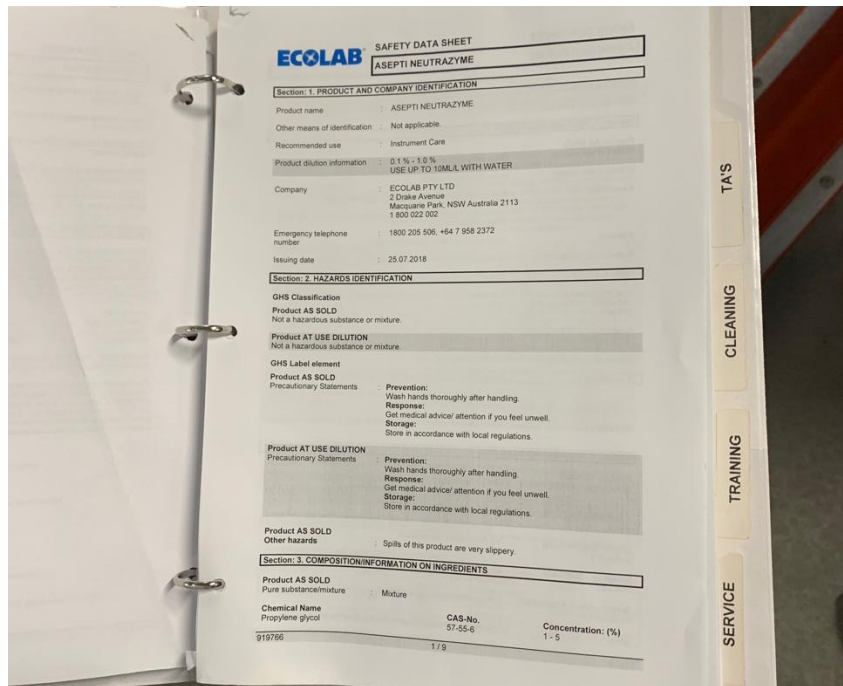


Photo 9 – Safety Data Sheets available for stored chemicals

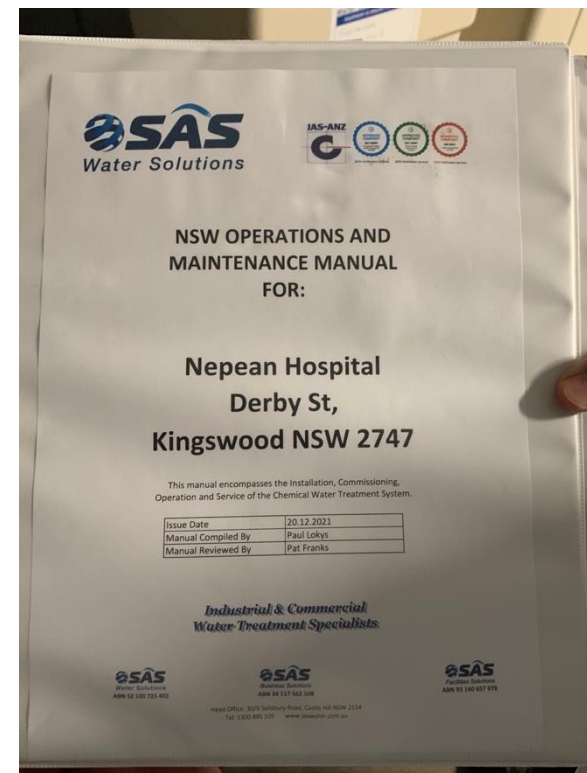


Photo 10 – O&M manual for the Chemical Water Treatment System



Photo 11 – New available car parking spaces



Photo 12 – Hospital multi-storey car park





Photo 13 – New signage, entrance to Emergency on Sommerset Street



Photo 14 – New signage with directions to the drop-off/pick-up areas.





Photo 15 – Staff end of trip facilities signage

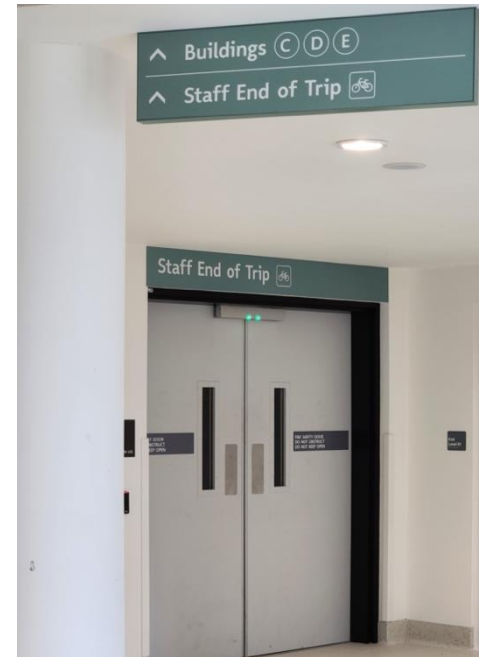


Photo 16 – Staff end of trip bicycle signage



Photo 17 – New hospital building landscaped areas

## Appendix F. Consultation Records

### Correspondence to DPE

#### Independent Environmental Audit - Nepean Hospital

Luis Garzon

To: ○ DPE PSVC Compliance Mailbox <compliance@planning.nsw.gov.au>

Thu 2/02/2023 4:41 PM

Cc: ○ Nirajan Tamrakar <Nirajan.Tamrakar@turntown.com>

Dear Sir or Madam,

Health Infrastructure NSW has engaged AQUAS to undertake Independent Environmental Audits of the Nepean Hospital Stage 1 Redevelopment Project.

The upcoming operational audit is a requirement of the Development Consent SSD 8766 and is scheduled for Thursday 2<sup>nd</sup> March 2023.

Following the consultation requirements of the DPE guideline Independent Audit Post Approval Requirements, I kindly ask if you have any feedback in relation to this project or if there are any particular focus areas for AQUAS to consider during the environmental review at this stage, e.g. noise and vibration, operational controls, waste management, traffic, etc.

Thank you and regards,

**Luis Garzon** | Senior Consultant | AQUAS |

**A** Level 7, 116 Miller Street, North Sydney NSW 2060 Australia | Cammeraigal Country

**T** +61 2 9963 9908 | **M** +61 403 461 040 | **E** [luis.garzon@aquas.com.au](mailto:luis.garzon@aquas.com.au) |

**AQUAS: enables compliance ~ verifies compliance**

AQUAS acknowledges Aboriginal and Torres Strait Islander Peoples as the Traditional Custodians of the Land, Rivers and Sea. We acknowledge and pay our respects to the Elders past, present and emerging of all Nations.



Please consider the environment before printing this e-mail

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Note: No feedback comments received