Freedom of Information
Response to
Resignation letters
from members of the North Metropolitan Health Service

Attachment D
• RM noted that copper oxides formed a protective coating in brass fittings over time and suggested this was why lead leaching did not occur to the same extent in older buildings. RM suggested that after two years, the risk should be significantly reduced.

• FD advised he was not clear on the risks/downside of the orthophosphate treatment but noted it was considered a food additive and was not toxic.

• RM noted that clear results were still required from Central and South Blocks.

• DRW suggested a meeting be organised between himself, RM and the Regulator, if necessary, to discuss the Stage Two Sampling Strategy.

• RM reiterated that the Stage Two Sampling Strategy was not a contract requirement as it was introduced after the contract was in place; but JHPL must demonstrate compliance with the ADWG, via sampling conducted to approved Australian standards.

• RM suggested that a week (5-7 days) of clear testing would demonstrate compliance.

Decision: Taskforce noted the updates to the Potable Water Action Tracker and endorsed closure of Actions W.8, W.44, W.41, W.23 and W.34.
Meeting closed at 10.51 am.

Next Taskforce Meeting: Tuesday 21 March 2017, Level 5 Perth Children’s Hospital, 8.00am – 11.00am.

These minutes represent a true and accurate record of the PCH Taskforce meeting held at the Perth Children’s Hospital on 14 March 2017.

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Dr D J Russell-Weisz
Director General, Department of Health
Chair, PCH Commissioning and Transition Taskforce 2017

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Cynthia Chew
Secretariat, PCH Commissioning and Transition Taskforce 2017