LEGIONELLA RISK ASSESSMENT

FOR HOT AND COLD WATER SERVICES

Reference No.

|  |  |  |  |
| --- | --- | --- | --- |
| **Tenant, Property and System Details** | | | |
| Is there any tenant, resident or regular visitor particularly susceptible to Legionella due to age, health or lifestyle? | | **Yes ** | **No ** |
| Describe cold water system e.g. Mains feed, from storage tank or both |  | | |
| Describe type of hot water system e.g. Mains feed via combi boiler or from storage |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Water outlet temperature** |  |  | **If No Recommendations** |
| Is cold water temperature at outlets below 200C? | **Yes ** | **No ** |  |
| Is the hot water temperature above 480C at outlets? | **Yes ** | **No ** |  |

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| **Cold Water System** | | | | |  | **Identified Risk/Defect:** | **Recommendation** |
| Is there a cold water tank present? | **Yes ** | | **No ** | |  |  |  |
| **If above question is answered “No” move onto hot water section** |  | |  | |  |  |  |
| Is the tank accessible? | **Yes ** | | **No ** | |  |  |  |
| Is the tank located in a cool place & protected from extremes of temperature? | **Yes ** | | **No ** | |  |  |  |
| Is the tank insulated? | **Yes ** | | **No ** | |  |  |  |
| Is the tank fitted with a cover and insect screen(s) on any open pipework? | **Yes ** | | **No ** | |  |  |  |
| Is the water in the tank clean and free from rust, debris, scale and organic matter? | **Yes ** | | **No ** | |  |  |  |
| Is the temperature of the water in the tank below 200C? | **Yes ** | | **No ** | |  |  |  |
| Are low use outlets installed upstream of higher use outlets? | **Yes ** | | **No ** | |  |  |  |
|  | | | | |  |  |  |
| **Hot Water System** | | | | |  | **Details of Property:**  Address:  Postcode: |  |
| Is the hot water heated to a temperature of 600C? | | **Yes ** | | **No ** |  |  |  |
| Are the hot water distribution pipes adequately insulated? | | **Yes ** | | **No ** |  |  |  |
| Is a colorifier fitted? | | **Yes ** | | **No ** |  | **Details of Landlord:**  Address:  Postcode:  Phone:  Email: |  |
| **If a colorifier fitted, does it have the following?** | | **Yes ** | | **No ** |  |  |  |
| * A drain valve? | | **Yes ** | | **No ** |  |  |  |
| * A temperature gauge on the inlet and outlet? | | **Yes ** | | **No ** |  |  |  |
| * An access panel? | | **Yes ** | | **No ** |  |  |  |
| If more than one colorifier used, are they connected in parallel? | | **Yes ** | | **No ** |  |  |  |

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| **Additional areas of risk** | **Advice** | **Action** | | **Recommendation** |
| Showers/Mixing Valves | Are showers/mixing valves correctly installed & maintained in good condition (e.g. periodically disinfected & descaled? | **Yes ** | **No ** |  |
| Dead legs and redundant pipework in the property | Any dead legs in pipework should be removed or the system altered so that water flows through all pipework regularly | **Yes ** | **No ** |  |
| Properties left unoccupied for extended periods | Recommend flushing systems on at least a weekly basis | **Yes ** | **No ** |  |

Assessor: J C Beachey (Accredited Assessor) Date:

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