

Control of Legionella in Wet Cooling Systems SELF-ASSESSMENT

INTRODUCTION: This proforma is intended to assist you in relation to compliance with the “The control of legionella bacteria in water systems. Approved Code of Practice and guidance” (L8). ISBN 0717617726

Where premises have more than one cooling tower system, it is advised that a separate assessment should be completed in each case

DETAILS

CLIENTLOCATION.....

COMPANY NAME

ADDRESS 1

ADDRESS 2POSTCODE

TELEPHONEEmail

RESPONSIBLE PERSON

1 DETAILS OF COOLING SYTEM (ie. Cooling tower or evaporative condenser; no. of installations)

.....

YES	NO	N/A

5 Is the cooling tower/evaporative condenser notified to the LA?

RISK ASSESSMENT - GENERAL

6 Is there a written risk assessment for the system?

7 Is there an up to date schematic plan of the system

8 Does the risk assessment contain details of the precautions to be taken?

9 Does the assessment contain instructions for the operation of the system?

10 Does the assessment conclude that there is a significant risk

11 Does the assessment consider the tower's physical condition?

12 Does it consider the tower's positioning?

13 Does it consider any 'at risk' groups of persons?

14 Does it consider any 'at risk' groups of persons?

MONITORING RECORDS

	YES	NO
55 Daily check to ensure conformance with operating procedures?		
56 Daily visual checks made on the cleanliness of the system water?		
57 Chemical water quality checks carried out at least monthly?		
58 System physical checks carried out at least weekly?		
59 Dipslide tests taken weekly?		
60 IF NOT, HOW OFTEN?		
61 Taken by:		
Occupier <input type="checkbox"/> WT Contractor <input type="checkbox"/> Both <input type="checkbox"/>		
62 Are legionella tests carried out quarterly?		
63 IF NOT HOW OFTEN?		
64 Records of all tests undertaken maintained?		
65 Recommendations for remedial actions recorded?		
66 Completion of remedial action recorded?		
67 Are there records of plant usage?		

PROGRAMME MANAGEMENT

68 Is there a responsible person nominated in writing?		
69 Is there an appointed deputy?		
70 Are the duties of all persons involved clearly defined?		
71 Are all persons involved adequately trained?		
72 Are the responsibilities of the occupier and consultant(s) clearly defined?		
73 Have the other relevant health and safety issues – COSHH assessments for chemicals, safe access etc been addressed?		

COOLING TOWER/EVAPORATIVE CONDENSER DETAILS

Manufacturer	Model	
Type: (See diagram overleaf)	Year of manufacture	

Name:
Address:
Telephone:
Contact:

C) *Risk Assessment*

Name:
Address:
Telephone:
Contact:

90 Please add any other useful information (use additional sheet if necessary)