# Essential Heating Services Limited

## LEGIONELLA WATER-SYSTEM RISK ASSESSMENT

**RECORD NUMBER**

**Work date:**

**BLANK SAMPLE - NOT AN ISSUED CUSTOMER RECORD**

| ISSUING BUSINESS | CUSTOMER / INSTALLATION | ENGINEER / JOB DETAILS |
|---|---|---|
| Address:<br>Company no.:<br>Telephone: Email:<br>Engineer: | Name:<br>Address:<br>Telephone:<br>Email: | Engineer:<br>Nation:<br>Job reference:<br>Competence: |

Competence:

Nation: Job reference:

**Linked record:**

### VISIT DETAILS

| Question | Recorded answer |
|---|---|
| What work does this record cover? | |

### CLIENT CONTACT

| Question | Recorded answer |
|---|---|
| Is there a separate client or managing agent for this job? | |

### PREMISES AND RESPONSIBILITY

| Question | Recorded answer |
|---|---|
| Who controls the premises and holds responsibility for this water system? | |
| Who manages the controls day to day and how can the dutyholder contact them? | |
| What training, experience and authority support the assessor's role for this water system? | |
| Describe the premises, occupancy pattern and the hot and cold water systems under assessment. | |
| What system boundaries, inaccessible areas and specialist systems are outside this assessment? | |
| What plan or description identifies storage, distribution, sentinel points and outlets? | |
| Which guidance, local requirements and system-specific control criteria did you apply? | |
| Which temperature instrument was used, and how was its accuracy checked? | |
| When did the site assessment start? | |
| When was the site assessment completed? | |

| ISSUED BY / ENGINEER | RECEIVED BY / CUSTOMER |
|---|---|
| Print name:<br>Signature: | Print name:<br>Signature: |

Receipt acknowledgement: Author acknowledgement:

Record of work and checks entered by the issuing engineer. Complete required manufacturer / scheme documents separately.

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## LEGIONELLA WATER-SYSTEM RISK ASSESSMENT - CONTINUED

**RECORD NUMBER**

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| EXPOSURE AND CONTROLS | |
|---|---|
| **Question** | **Recorded answer** |
| Which groups could be exposed and what makes them more susceptible? Record group-level information only. | |
| Where could people inhale droplets and how is that exposure controlled? | |
| Where could cold water warm up, hot water cool or water remain unused? | |
| How do the present temperature or alternative controls work, and what evidence supports their effectiveness? | |
| Susceptibility of exposed groups - how do you assess the risk? | |
| Susceptibility of exposed groups - record the evidence, site-specific risk or limitations. | |
| Exposure to airborne droplets - how do you assess the risk? | |
| Exposure to airborne droplets - record the evidence, site-specific risk or limitations. | |
| Exposure to airborne droplets - what action is required, who owns it and by when? | |

| HOT-WATER PLANT | |
|---|---|
| **Question** | **Recorded answer** |
| What storage or calorifier arrangement did you find? | |

| COLD-WATER STORAGE | |
|---|---|
| **Question** | **Recorded answer** |
| What cold-water storage did you find? | |

| OUTLET 1 | |
|---|---|
| **Question** | **Recorded answer** |
| Include outlet 1 in this assessment? | |
| Which room, unit and outlet does this entry identify? | |
| What is this outlet used for? | |
| Identify the hot and cold supply sources, including mains, storage or point-of-use heating. | |

| ISSUED BY / ENGINEER | RECEIVED BY / CUSTOMER |
|---|---|
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## LEGIONELLA WATER-SYSTEM RISK ASSESSMENT - CONTINUED

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**BLANK SAMPLE - NOT AN ISSUED CUSTOMER RECORD**

| OUTLET 1 - CONTINUED | |
|---|---|
| **Question** | **Recorded answer** |
| What mixer, thermostatic valve or shower arrangement is present, and where can the supply be measured? | |
| What cold-water temperature did you observe? (°C) | |
| When and where was the cold reading taken? If unavailable, record why. | |
| What hot-water temperature did you observe? (°C) | |
| When and where was the hot reading taken? Distinguish mixed outlet and supply readings, or explain why unavailable. | |
| What do the usage, flow and pipe layout indicate about stagnation or redundant branches? | |
| What spray, aerosol or other exposure did you identify at this outlet? | |
| What evidence of cleaning, descaling, disinfection or flushing is available for this outlet? | |
| Water source and supply route - how do you assess the risk? | |
| Water source and supply route - record the evidence, site-specific risk or limitations. | |
| Cold-water temperature control - how do you assess the risk? | |
| Cold-water temperature control - record the evidence, site-specific risk or limitations. | |
| Hot-water temperature control - how do you assess the risk? | |
| Hot-water temperature control - record the evidence, site-specific risk or limitations. | |
| Stagnation, dead legs or poor flow - how do you assess the risk? | |
| Stagnation, dead legs or poor flow - record the evidence, site-specific risk or limitations. | |
| Cleaning and disinfection - how do you assess the risk? | |
| Cleaning and disinfection - record the evidence, site-specific risk or limitations. | |
| Aerosol exposure - how do you assess the risk? | |
| Aerosol exposure - record the evidence, site-specific risk or limitations. | |
| Is there a bath or shower fitting to assess at this location? | |

| **ISSUED BY / ENGINEER** | **RECEIVED BY / CUSTOMER** |
|---|---|
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| Signature: | Signature: |

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RECORD NUMBER

## LEGIONELLA WATER-SYSTEM RISK ASSESSMENT - CONTINUED

**Work date:**

**BLANK SAMPLE - NOT AN ISSUED CUSTOMER RECORD**

| OUTLET 1 - CONTINUED | |
|---|---|
| **Question** | **Recorded answer** |
| For each issue at this location, record the evidence, your risk judgement and any remaining uncertainty. | |
| For each issue, record the work or monitoring needed, owner and timescale, or why existing controls are sufficient. | |

| OUTLET 2 | |
|---|---|
| **Question** | **Recorded answer** |
| Include outlet 2 in this assessment? | |
| Which room, unit and outlet does this entry identify? | |
| What is this outlet used for? | |
| Identify the hot and cold supply sources, including mains, storage or point-of-use heating. | |
| What mixer, thermostatic valve or shower arrangement is present, and where can the supply be measured? | |
| When and where was the cold reading taken? If unavailable, record why. | |
| What hot-water temperature did you observe? (°C) | |
| When and where was the hot reading taken? Distinguish mixed outlet and supply readings, or explain why unavailable. | |
| What do the usage, flow and pipe layout indicate about stagnation or redundant branches? | |
| What spray, aerosol or other exposure did you identify at this outlet? | |
| What evidence of cleaning, descaling, disinfection or flushing is available for this outlet? | |
| Water source and supply route - how do you assess the risk? | |
| Water source and supply route - record the evidence, site-specific risk or limitations. | |
| Cold-water temperature control - how do you assess the risk? | |
| Cold-water temperature control - record the evidence, site-specific risk or limitations. | |
| Cold-water temperature control - what action is required, who owns it and by when? | |
| Hot-water temperature control - how do you assess the risk? | |

| ISSUED BY / ENGINEER | RECEIVED BY / CUSTOMER |
|---|---|
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## LEGIONELLA WATER-SYSTEM RISK ASSESSMENT - CONTINUED

**RECORD NUMBER**

**Work date:**

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**OUTLET 2 - CONTINUED**

| Question | Recorded answer |
|---|---|
| Hot-water temperature control - record the evidence, site-specific risk or limitations. | |
| Hot-water temperature control - what action is required, who owns it and by when? | |
| Stagnation, dead legs or poor flow - how do you assess the risk? | |
| Stagnation, dead legs or poor flow - record the evidence, site-specific risk or limitations. | |
| Stagnation, dead legs or poor flow - what action is required, who owns it and by when? | |
| Cleaning and disinfection - how do you assess the risk? | |
| Cleaning and disinfection - record the evidence, site-specific risk or limitations. | |
| Cleaning and disinfection - what action is required, who owns it and by when? | |
| Aerosol exposure - how do you assess the risk? | |
| Aerosol exposure - record the evidence, site-specific risk or limitations. | |
| Aerosol exposure - what action is required, who owns it and by when? | |
| Is there a bath or shower fitting to assess at this location? | |
| What type of bath or shower mixer is installed and what evidence identifies it? | |
| How is the shower heated or mixed? Identify an electric, thermostatic or other arrangement, or record bath only. | |
| Where does the fitting get its water? Identify direct mains, stored or other supplies. | |
| Bath or shower mixer - how do you assess the risk? | |
| Bath or shower mixer - record the evidence, site-specific risk or limitations. | |
| Shower operating arrangement - how do you assess the risk? | |
| Shower operating arrangement - record the evidence, site-specific risk or limitations. | |
| Source serving the shower or bath - how do you assess the risk? | |
| Source serving the shower or bath - record the evidence, site-specific risk or limitations. | |

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|---|---|
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## LEGIONELLA WATER-SYSTEM RISK ASSESSMENT - CONTINUED

**Work date:**

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| OUTLET 2 - CONTINUED | |
|---|---|
| **Question** | **Recorded answer** |
| For each issue at this location, record the evidence, your risk judgement and any remaining uncertainty. | |
| For each issue, record the work or monitoring needed, owner and timescale, or why existing controls are sufficient. | |

| ASSESSMENT AND ACTION PLAN | |
|---|---|
| **Question** | **Recorded answer** |
| Where can the dutyholder find the outlet evidence for this assessment? | |
| Which monitoring records or previous assessments did you review? Record any sampling reference and interpretation only if relevant. | |
| Which actions have already been carried out, when, and by whom? | |
| What overall risk classification do you assign using your stated assessment method? | |
| Explain the assessment, the evidence for current control and the residual risk. | |
| List each outstanding action, its priority, responsible person, target date and how completion will be verified. | |
| What monitoring, reporting, contingency and management arrangements did you agree with the dutyholder? | |
| When will this assessment be reviewed, what changes should trigger an earlier review, and who owns the review? | |
| Who received the findings, limitations, action plan and any supporting schedules? | |
| How should the dutyholder interpret this assessment? | |

| COMPLETION | |
|---|---|
| **Question** | **Recorded answer** |
| What defects or limitations were identified? | |
| What action was taken or remains outstanding? | |
| What is your recorded work outcome? | |
| Who is the engineer completing this record? | |

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|---|---|
| Print name:<br>Signature: | Print name:<br>Signature: |

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## LEGIONELLA WATER-SYSTEM RISK ASSESSMENT - CONTINUED

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| COMPLETION - CONTINUED | |
|---|---|
| **Question** | **Recorded answer** |
| How was receipt of the record acknowledged? | |
| Who received the record? | |

| ISSUED BY / ENGINEER | RECEIVED BY / CUSTOMER |
|---|---|
| Print name:<br>Signature: | Print name:<br>Signature: |

Receipt acknowledgement: Author acknowledgement: