

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)

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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?

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

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

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

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10 Does the assessment conclude that there is a significant risk

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

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12 Does it consider the tower's positioning?

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

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

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ON-GOING WATER TREATMENT

	YES	NO	N/A
36 Is a water treatment programme in place? <i>(If answering /No/ go to Q45)</i>			<input checked="" type="checkbox"/>
37 Does it use a scale inhibitor?			<input checked="" type="checkbox"/>
38 Does it use a corrosion inhibitor?			<input checked="" type="checkbox"/>
39 Does it use biocides (to control algae and bacteria)?			<input checked="" type="checkbox"/>
40 Are alternating biocides used?			<input checked="" type="checkbox"/>
41 Are oxidising biocides (chlorine or bromine) used?			<input checked="" type="checkbox"/>
42 Are non-oxidising biocides used?			<input checked="" type="checkbox"/>
43 Are the chemicals automatically closed?			<input checked="" type="checkbox"/>
44 Is there an automatic bleed to control dissolved solids?			<input checked="" type="checkbox"/>

CORRECT AND SAFE OPERATION

45 Is the plant usually operated			<input checked="" type="checkbox"/>
(a) Continuously <i>(ie 7 days per week/24 hrs per day)</i> ?			<input checked="" type="checkbox"/>
(b) 24 hrs per day, throughout the week?			<input checked="" type="checkbox"/>
(c) Day shift(s) only, throughout the working week?			<input checked="" type="checkbox"/>
(d) On standby?			<input checked="" type="checkbox"/>
(e) Seasonally?			<input checked="" type="checkbox"/>
46 Does it cycle on and off automatically?			<input checked="" type="checkbox"/>
47 Are their procedures for circulation of all parts once a week?			<input checked="" type="checkbox"/>
48 Is there a shutdown of the installation at least once per year?			<input checked="" type="checkbox"/>
49 If yes, how long does it last?			<input checked="" type="checkbox"/>

◀ 1 week 1week-1 month ▶ 1 month

50 When does the shutdown usually occur?			
51 Are there procedures for start up from shutdowns?			
52 Instructions for draining during long showdowns?			
53 Instructions regarding valve settings for normal operation?			<input checked="" type="checkbox"/>
54 Procedures for switching duty/standby pumps			

MONITORING RECORDS

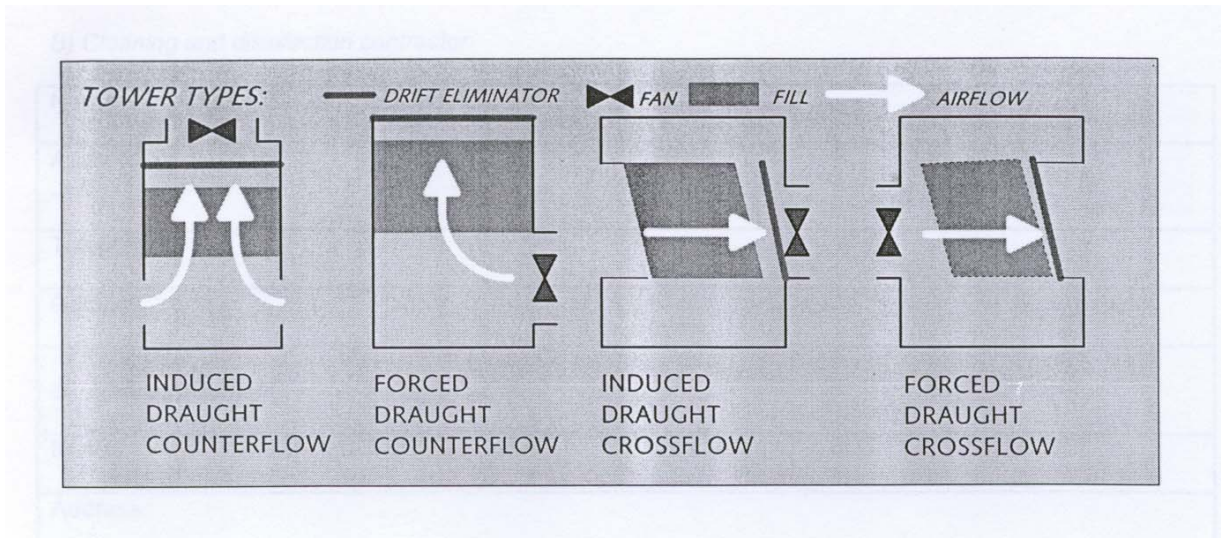
	YES	NO
55 Daily check to ensure conformance with operating procedures?		
56 Daily visual checks made on the cleanliness of the system water?		
57 Chemical water quality checks carried out at least monthly?		
58 System physical checks carried out at least weekly?		
59 Dipslide tests taken weekly?		
60 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	



PHYSICAL CONDITION AND DESIGN

IF NOT HOW OFTEN?

- 74 Are the drift eliminators suitable, in good condition and effective?
- 75 Is the system water in good condition?
- 76 Is the sump free from sediment?
- 77 Are all visible surfaces free from slime or algae?
- 78 Are all visible surfaces free from scale deposit?
- 79 Are all visible surfaces free from corrosion?
- 80 Is the water flow even across the whole of the tower fill?
- 81 Have all the dead-legs or poor flow areas been eliminated?
- 82 Has all redundant plant been isolated from the system?
- 83 Are all pipe runs as short and direct as possible?
- 84 Is the tower constructed from impervious materials?
- 85 If constructed of wood, is this in good condition?
- 86 Please complete the details of any contractors below:

YES	NO	Unable to assess

A) *Ongoing water treatment contractor*

Name:
Address:
Telephone:
Email:
Contact:

B) *Cleaning and disinfection contractor:*

Name:
Address:
Telephone:
Contact:

C) *Risk Assessment*

Name:
Address:
Telephone:
Contact:

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