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

DET	AILS					
COM	CLIENT LOCATION LOCATION ADDRESS 1					
ADDRESS 2POSTCODE						
RES	PONSIBLE PERSON DETAILS OF COOLING SYTEM (ie. Cooling tower or evaporative cond					
		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?					

SYSTEM SCHEMATIC (If answering 'No' to Q7 go to Q22)

15	Does it show all system control valves?	
16	Does it show standby plant (spare pumps etc)?	
17	Does it show any associated storage tanks?	
18	Does it show system bleed valve?	
19	Does it show chemical dosing pumps and injection points?	
20	Does it show system drain valve?	
21	Does it show the origin of the water supply?	
PRE	CAUTIONARY MEASURE	
22	Has elimination or replacement with a lower risk system been properly considered?	
CLE	ANING AND DISINFECTION	
23	Is there a written cleaning and disinfection procedure? (If answering 'no', answer Qs. 24 & 25, then go to Q33)	
24	Is cleaning and disinfection carried out at least every six months?	
25	If not, why not and how often?	
26	Does it specify chlorine levels at start of pre-clean chlorination?	
27	Does it specify contact/circulation time?	
28	Does it specify contact circulation time?	
29	Does it give the method of cleaning all accessible parts?	
30	Does it specify chlorine levels at start of post-clean chlorination?	
31	Does it specify contact/circulation time?	
32	Does it specify chlorine level at end of post-clean chlorination?	
33	Is the removal of the tower/fill pack for cleaning and disinfection specified in the assessment?	
34	Is it removed for cleaning and disinfection in practice?	
35	If not why not?	

YES NO

N/A

ON-GOING WATER TREATMENT

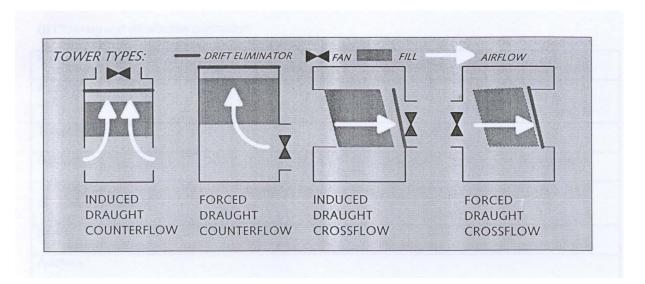
36	Is a water treatment programme in place? (If answering /No/ go to Q45)					
37	Does it use a scale inhibitor?					
38	Does it use a corrosion inhibitor?					
39	Does it use biocides (to control algae and bacteria)?					
40	Are alternating biocides used?					
41	Are oxidising biocides (chlorine or bromine) used?					
42	Are non-oxidising biocides used?					
43	Are the chemicals automatically closed?					
44	Is there an automatic bleed to control dissolved solids?					
COF	RECT AND SAFE OPERATION					
45	Is the plant usually operated		1			
(a)	Continuously (ie 7 days per week/24 hrs per day)?					
(b)	24 hrs per day, throughout the week?					
(c)	Day shift(s) only, throughout the working week?					
(d)	On standby?					
(e)	Seasonally?					
46	Does it cycle on and off automatically?					
47	Are their procedures for circulation of all parts once a week?					
48	Is there a shutdown of the installation at least once per year?					
49	If yes, how long does it last?					
	1 1 week 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?					
54	Procedures for switching duty/standby pumps					

YES NO N/A

MONITORING RECORDS

55	Daily check to ensure conformance with operating procedures?	-			
56	Daily visual checks made on the cleanliness of the system water	er?			
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 WT Contractor Both		Ţ		
62	Are legionella tests carried out quarterly?				
63	IF NOT HOW OFTEN?	г			
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?				
PRO	GRAMME 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?	_			
coo	LING TOWER/EVAPORATIVE CONDENSER DETAILS				
Manu	facturer	Model			
Type: (See diagram overleaf) Year o					
		manufa	clure		

YES NO



PHYSICAL CONDITION AND DESIGN

IF NOT HOW OFTEN?

		YES	NO	Unable to assess
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:			
A)	Ongoing water treatment contractor			

Address:			
Telephone:			
Email: Contact:			
Contact:			

Name:

Name:
Address:
Telephone:
Contact:
C) Risk Assessment
Name:
Address:
Telephone:
Contact:
On Places add any other yeaful information (year additional about if page 200 m)
90 Please add any other useful information (use additional sheet if necessary)