

# Legionella Risk Assessment

Systematic check of water systems to identify and control the risk of Legionella growth. Keeps your site compliant with health and safety regulations.

Title: \_\_\_\_\_

Severity: \_\_\_\_\_ Site: \_\_\_\_\_

Date / Time: \_\_\_\_\_ Completed by: \_\_\_\_\_

## Property Details

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1 Building type (e.g. office, residential, hotel, healthcare)

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

2 Year of construction

\_\_\_\_\_

3 Date of last assessment

\_\_\_\_\_

4 Assessor name

\_\_\_\_\_

5 Assessor signature

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Signature

## Water System Overview

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6 Does the site have a cold water storage tank?

Yes

No

N/A

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7 Does the site have a hot water calorifier or cylinder?

Yes

No

N/A

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8 Does the site have a cooling tower or evaporative condenser?

Yes

No

N/A

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9 Does the site have any spa pools, fountains or water features?

Yes

No

N/A

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10 Are there any infrequently used outlets (taps, showers, etc.)?

Yes

No

N/A

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11 Describe the water system in use

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12 Are there any dead legs or dead ends in the pipework?

Yes

No

N/A

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13 Are schematic drawings of the water system available?

Yes

No

N/A

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14 Photos of water system or plant room

*Attach file here*

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## Cold Water Storage

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15 Location of cold water storage tank

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16 Is the tank covered and insulated?

Yes

No

N/A

17 Is the tank free from debris, contamination or damage?

Yes

No

N/A

18 Is the cold water stored and distributed below 20°C?

Yes

No

N/A

19 Date of last tank inspection

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20 Date of last tank clean

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21 Notes on cold water storage condition

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## Hot Water System

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22 Is hot water stored at or above 60°C?

Yes

No

N/A

23 Is hot water distributed at or above 50°C at outlets within one minute?

Yes

No

N/A

24 Date of last calorifier inspection

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25 Is the calorifier thermostat functioning correctly?

Yes

No

N/A

26 Notes on hot water system condition

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## Outlets and Fittings

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27 Are all showers, taps and hoses in good condition with no scale or biofilm?

Yes

No

N/A

28 Are thermostatic mixing valves (TMVs) present?

Yes

No

N/A

29 Date of last TMV service

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30 Are any outlets identified as high risk?

Yes

No

N/A

31 Details of high risk outlets

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32 Photos of outlets or fittings

*Attach file here*

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## Temperature Monitoring

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33 Is a regular temperature monitoring programme in place?

Yes

No

N/A

34 Frequency of temperature checks

Weekly

Monthly

Quarterly

Annually

35 Date of last temperature check

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36 Were temperatures within acceptable limits at last check?

Yes

No

N/A

37 Notes on temperature monitoring

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## Treatment and Dosing

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38 Is any chemical treatment or dosing in place?

Yes

No

N/A

39 Type of treatment used

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40 Is treatment being applied at the correct dosage and frequency?

Yes

No

N/A

41 Date of last water sample / test

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42 Were sample results satisfactory?

Yes

No

N/A

43 Notes on treatment programme

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## Responsible Persons and Controls

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44 Is a responsible person (RP) appointed for Legionella control?

Yes

No

N/A

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45 Name of responsible person

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46 Has the responsible person received appropriate training?

Yes

No

N/A

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47 Is a written Legionella control scheme / logbook maintained?

Yes

No

N/A

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48 Date logbook was last reviewed

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49 Are contractors used for any part of the water treatment programme?

Yes

No

N/A

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50 Contractor name(s)

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## Risk Rating and Outcome

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51 Overall risk level

Low

Medium

High

Very High

52 Summary of key findings

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53 Immediate actions required

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54 Recommended further actions

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55 Target date for remedial works

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56 Date of next scheduled assessment

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57 Additional comments

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58 Reviewer or manager sign-off

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Signature