|  |                                    | Legionnair         | es Disea     | ise Risk                             | Assess                | ment                           |                       |            |                         |              |                    |
|--|------------------------------------|--------------------|--------------|--------------------------------------|-----------------------|--------------------------------|-----------------------|------------|-------------------------|--------------|--------------------|
| Property address   | Abbey                              | Church 12,         | The High     | nland C                              | lub, St.              | Bened                          | ict's Ab              | bey, Fo    | ort Aug                 | ustus        |                    |
| Date of assessment   | 8-1                                | 1-22               |              | sment<br>ed out by                   | V                     | 1. D                           | ALLAS                 | Š          |                         |              |                    |
| 1  | Detached<br>house                  | Singl<br>flat      | 1            | Other                                | 1                     |                                |                       |            |                         |              |                    |
| Is there any tenant, ro<br>particularly susceptib<br>health or lifestyle?  |                                    |                    | Ξ,           | YE!                                  | S. A                  | LL A                           | GES                   | STA        | YING                    | ×            |                    |
| Describe type of cold-water system e.g.<br>mains feed or from storage tank<br>(Include sketch if possible at rear of document) |                                    |                    |              | MAINS FED.                           |                       |                                |                       |            |                         |              |                    |
| Describe type of hot of<br>feed via combi boiler<br>(Include sketch if poss  | or from sto                        | rage tank.         |              | MAIN                                 | S FE                  | D 1                            | VIΑ                   | CON        | 1B1 (                   | 301LE        | R                  |
|  |                                    |                    | RISK CA      | TEGORIE                              | S                     |                                |                       |            |                         |              |                    |
| 1. Water outlet temp Is cold water temperat outlets below 20°C? Cold water must flow from djustments need to be m Identify any | outlets at bade to the sy          | rstem i.e. lagging | water abo    | above 50<br>ve 50°C to<br>rk or adju | stment of             | ets?<br>risk. If te<br>tempera | mperatu<br>ture setti | ngs for ho | oo low/hig<br>ot water. |              | 0                  |
| Defect/Risk  |                                    | R COULD            |              |                                      |                       |                                |                       | 101 H      | i b                     | OILE         | Κ,                 |
| Related<br>Recommendation  | PREVENT BOILER FROM EXCEEDING 60°C |                    |              |                                      |                       |                                |                       |            |                         |              |                    |
| Responsible person to carry out action   | Landlord                           | Tenan              | t            | Other                                | Ot<br>De              | her $f$                        | ROFER                 | TY N       | MANAC                   | 7ER          |                    |
| 2. Cold water storage  | tanks                              |                    |              |                                      |                       |                                |                       |            |                         | , –          |                    |
| Is there a cold water st tank present?   | orage <b>Yes</b>                   | No                 |              | f No go<br>o Q3                      | Does it h             | nave a ti                      | ght fittin            | g Yes      |                         | No           | willian management |
| Is the water temperatu<br>the tank below 20°C?   | ire in <b>Yes</b>                  | No                 |              |                                      | the tank<br>s,scale & |                                |                       | Yes        |                         | No           |                    |
| Is the tank insulated?   | Yes                                | No                 |              | ocation<br>of tank                   |                       |                                |                       |            |                         |              |                    |
| fany debris etc. is present<br>ank may need to be repla<br>hould be below 20°C & th<br>Identify any<br>Defect/Risk<br>Related  | ced. All cold                      | water tanks sho    | ould have ti | ght fitting                          | lids to pre           | event del                      | bris enter            |            |                         |              |                    |
| Recommendation   |                                    |                    |              |                                      |                       |                                |                       |            |                         |              |                    |
| Responsible person to carry out action   | Landlord                           | Tenan              | t            | Other                                | I                     | her<br>etails:                 |                       |            |                         |              |                    |
| 3. Hot water   |                                    |                    |              |                                      |                       |                                |                       |            |                         | <del>-</del> |                    |
| Is the temperature set<br>the hot water is heated  | d to and sto                       | red at a tempe     | erature of   | 60°C?                                |                       |                                |                       | Yes        | <b>V</b>                | No           |                    |
| IB: If the temperature is so<br>ank should be set and ma   |                                    |                    | ise scalding | to users.                            | The temp              | perature                       | setting o             | n the boil | er and/or               | hot wa       | ter                |
| Identify any<br>Defect/Risk  | BOILER                             | CONTO &            | SE TUR       | NED                                  | UP TO                 | o Ac                           | TA                    | T B        | OILE                    | R            |                    |
| Related<br>Recommendation  | PREVER                             | JT BOIL            | ER FR        | ROM                                  | EXCER                 | EDIN                           | 96                    | 0°C        |                         |              |                    |
| Responsible person to  | Landlord                           | Tenan              | t            | Other                                | bt bo                 | her f                          | PRIPER                | TY 1       | MANA                    | GER          | 1                  |

| 4. Little used outlets                            |               |          |                 |            |           |              |  |
|---|---------------|----------|-----------------|------------|-----------|--------------|--|
| Are there any water o bathrooms? If yes, ide      |               |          |                 |            | per wee   | k e.g. in    | n guest Yes No   |
| Details POSSABILIT                                | y of          | SHOW     | HER OR          | TAR        | SIN       | GV6          | ST ROOM NOT BEING USED   |
| 780   |               |          |                 |            |           |              | h the outlet for at least 5 minutes. Aerosol production                              |
| Identify any                                      | [ACK          |          | US <sub>t</sub> |            | vater ion | ger at a     | lower pressure to avoid aerosols.  |
| Defect/Risk                                       |               |          | 1377 1315       |            | ~~        | 0.11         | 0-1-10   |
| Related<br>Recommendation                         | CLEAN         |          | TO H            | .VSH '     | THKOU     | GH           | AFTER EACH VISIT   |
| Responsible person to carry out action            | Landlord      |          | Tenant          |            | Other     | $\checkmark$ | Other PROPERTY MANAGER  Details:   |
| 5. Shower heads                                   | ,             |          |                 |            |           |              |  |
| Are there any showers                             |               |          |                 |            | tlet & lo | cation b     | below Yes   \ No   |
| ONE IN Details                                    | EACH          | BAT      | PROC            | M.         |           |              |  |
|   | eaned, disir  | fected a | nd desca        | led at lea | st once e | very 6 m     | nonths. Aerosol production should be minimised                                       |
| during this process. Identify any Defect/Risk     | SHOW          | ER H     | 4CAD            | 3          |           |              |  |
| Related<br>Recommendation                         | REMOV         | E 001    | HEN             | NOT        | IN C      | BE,          | , DRINFECT TWICE YEARLY  |
| Responsible person to carry out action            | Landlord      |          | Tenant          |            | Other     | $\sqrt{}$    | Other PROPERTY MANAGER   |
| Are there any dead leg                            | gs in the pro | operty?  | If yes, id      | entify o   | utlet & l | ocation      | d legs known in the system? below Yes No flows through all pipework regularly.       |
| Related   |               |          |                 |            |           |              |  |
| Recommendation Responsible person to              | Landlord      |          | Tenant          |            | Other     |              | Other  |
| <ul><li>7. Unoccupied proper</li></ul>            | ties          |          |                 |            |           |              | Details:   |
| Is the property left und<br>the summer holiday or | occupied fo   |          |                 | e, e.g. in | the case  | eof stuc     | dent lettings over Yes No  |
|   |               |          |                 |            |           |              | ast 5 minutes when unoccupied & prior to re-occupation consider draining the system. |
| Identify any<br>Defect/Risk                       | EMPTY         | PR       | OPER            | TES        | OUR       | ing          | QUET PERIODS   |
| Related<br>Recommendation                         | FLUSH         | WE       | EKLY            | 1          |           |              |  |
| Responsible person to carry out action            | Landlord      |          | Tenant          | •          | Other     | $\checkmark$ | Other PROPERTY MANAGER   |
| Advice to tenants (This ca                        |               |          |                 |            |           |              |  |
| Has advice been giver<br>Disease in a domestic    | setting and   | their re | esponsib        | ilities to | minimis   | se risk?     | Yes No N/A*Short term lets   |
|   |               |          |                 |            |           |              | if any information changes. You should ensure  |
| that the recommendation Signed                    | ons above     |          | lemente         | and a      | ny existi | ing com      | Date 8 11 22   |
| Print Name  | MARK          | DA.      | ISAS            | V -        |           |              |  |

SKETCH OF WATER SYSTEM 1 BED.
MAINS FED COMBI BOILER\_

