

# S A M P L

## Legionella Risk Assessment Checklist

Assessment Carried out by:		Assessment Downloaded:	
Job Title:		:	
Department/Location:		Name:	

Ref No.	Description	Yes/No	Comments	Reasons at risk and level of risk)	Action Required
	Cold storage maximum of 20°C or below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Is water from the hot water outlet a minimum of 50°C within one minute of running?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Have any storage tanks been checked for contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Have any shower heads been sterilised and de-scaled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Has any accessible pipework been checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

# S A M P L

Ref No.	Description	Yes/No	Comments (Persons at risk and level of risk)	Action Required
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Assessor Name: Signature: Date:		Reviewer Name:	
---------------------------------------	--	----------------	--