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London,
EC3A 8AA

WATER SERVICES LOG BOOK

Registered in England and Wales No. 7117560

BY APPOINTMENT TO
H.M. QUEEN ELIZABETH
PURVEYORS OF
FIRE PROTECTION SYSTEMS

BBC FIRE PROTECTION LIMITED
ST FLORIAN HOUSE . AYTON ROAD . WYMONDHAM . NORFOLK . NR18 0RA
TEL NO: 01953 857700 . FAX NO: 01953 857750
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Unique Site Number: -

BY APPOINTMENT TO
H.M. QUEEN ELIZABETH
PURVEYORS OF
FIRE PROTECTION SYSTEMS

BBC FIRE PROTECTION LIMITED

LOG BOOK

DESIGN, SUPPLY, INSTALLATION & PLANNED MAINTENANCE OF: -

**Fire Alarms, Extinguishing Systems, HSSD, Voice Alarm,
Public Address, Secondary Lighting,
and Portable Fire Extinguishers**

BBC FIRE PROTECTION LIMITED
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EXTRACTS FROM SCHEDULE 2 OF THE FIRE PRECAUTIONS ACT CERTIFICATE

RECORD BOOK [EQUIPMENT LOG BOOK]

A record log book shall be kept in which there shall be recorded details of tests, examinations and fire drill instructions. This book must be readily available for inspection as and when required.

FIRE WARNING (ELECTRICAL) TESTING & MAINTENANCE

The fire warning specified shall be maintained in effective working order and shall be tested weekly using a different call point for each successive test to ensure that it operates satisfactorily and that all automatic door releases are operating efficiently and are effectively self closing. The results of such tests shall be recorded within the record book.

EMERGENCY LIGHTING TESTING & MAINTENANCE

The emergency lighting shall be maintained in effective working order and always available for use. The emergency lighting including the batteries and/or generator, shall be tested by a competent person at regular intervals not exceeding six months and the results of such tests shall be recorded within the record book.

FIRE INSTRUCTIONS AND DRILLS

a. All persons employed in factories, offices and shops for which a fire certificate is required shall be instructed and trained to ensure that the understand the fire precautions and action to be taken in the event of fire. This shall include persons on shift duties or other regular duties outside normal working hours, the aim should be to ensure that all staff receive instruction and training appropriate to their responsibilities in the event of an emergency. It shall be based on written instructions.

b. Instruction shall be given frequently by a competent person, at such intervals as will ensue that all employed persons are instructed, preferably at least twice and in all cases once in each period of twelve months.

c. Instruction and training generally shall provide the following: -

i. The action to be taken upon discovering a fire.

ii. The action to be taken upon hearing the fire alarm.

iii. Raising the alarm, including the location of alarm call points, internal fire telephones and alarm indicator panels.

iv. The correct method of calling the Fire Brigade.

v. The location and use of fire fighting equipment.

vi. Knowledge of the escape routes.

vii. Appreciation of the importance of fire doors and of the need to close all doors at the time of a fire and on hearing the fire alarm.

viii. Stopping machines and processes and isolating power supplies where applicable.

ix. Evacuation of the building. (Where members of the public are present, this will include reassuring them and escorting them to exits, etc.

d. In addition to the above, certain categories of staff shall be instructed and trained in any matters peculiar to their particular responsibilities at the time of the fire. Examples are:

In Factories	In Offices & Shops
Engineering & maintenance staff	Department Heads
Chemists	Floor Supervisors
Security Staff (including night security patrols)	Security Staff (including night security patrols)
Telephonists	Telephonists

e. At least once a year (at more frequent intervals in large shops and department stores) a practical fire drill shall be carried out simulating conditions in which one or more of the escape routes from the building is obstructed. During these fire drills the fire alarm shall be operated by a member of the staff who is told of the supposed outbreak and thereafter the fire routine shall be rehearsed as fully as circumstances allow.

This may raise some difficulties where large numbers of public may be present, as in department stores, but such a procedure is still desirable, If times are chosen at which relatively few people are present such as early morning or just before closing time and if (in these particular circumstances) advanced notice of the drill is given many of the difficulties may be overcome.

f. Such details as are necessary to show the training and instruction given shall be recorded. The following matters shall be included in such a record.

i. Date of instruction.

ii. Duration.

iii. Name of the person giving the instruction.

iv. Name of the persons receiving the instruction.

v. The nature of the instruction, training or drill.

ST. FLORIAN HOUSE, AYTON ROAD, WYMONDHAM, NORFOLK, NR18 0RA
TEL NO: 01953 857700 - FAX NO: 01953 857750

FORM 170_003.123

FIXED EXTINGUISHING SYSTEMS
ROOM INTEGRITY TEST

B.B.C. FIRE PROTECTION LIMITED

Engineer Note: -

In accordance with BS ISO 14520-1:2000 it is recommended that the protected enclosure has an Annual Room Integrity Test undertaken by an approved Specialist Contractor.

Any defect to be recorded within the Outstanding Defects Report and reported to the "Responsible Person".

Date of Integrity Test:	Manufacturer / Specialist Supplier:	Defects Recorded Yes/No:	Further Test Required Yes/No:	Report Submitted:	Engineer Number:
7/3/14					

B.B.C. FIRE PROTECTION LIMITED

FIXED EXTINGUISHING SYSTEMS
ENGINEER PERIODIC INSPECTION

FORM 170_003.123

FIRE ALARM SYSTEM

REFERENCE DATA

BS 5839-1:2002

It is recommended that this log book be maintained by a responsible person, who should ensure that every entry is properly recorded. This is necessary to satisfy the recommendations of BS 5839-1, compliance with which may be a requirement of legislation. If your premises are certificated under the Fire Precautions Act 1971, failure to keep a suitable log book may be a breach of the requirements of the certificate, which is a criminal offence.

In order to satisfy the recommendations of BS 5839-1 2002, the following must be recorded: -

Address of Protected Premises: _____

_____

_____

_____

Responsible Person: _____

Position: _____

Department: _____

Contact Telephone No: _____

The System was designed by: _____

The System was installed by: _____

The System was commissioned by: _____

The System was accepted by: _____

Verification was undertaken by: _____

The System is maintained under contract by: _____

Contract Renewal Date: _____

Maintenance Contact Telephone Number: _____

Contracted Response Times: _____

Expendable component replacement periods (list): _____

_____

_____

_____

Engineer Note: -

6 - Monthly & Annual Periodic Inspections to be undertaken in accordance with the following: -
BS 5306 Parts 4, 6, 7 - BS5839 Part 1 2002 - BS 7273 Part 1 & Part 2 - BS ISO 14520-1:2000

Any defect to be recorded within the Outstanding Defects Report and reported to the "Responsible Person".

Date of Inspection:	Service Code A / H	Defects Recorded Yes/No:	Engineer Number:

Date of Inspection:	Service Code A / H	Defects Recorded Yes/No:	Engineer Number:

B.B.C. FIRE PROTECTION LIMITED

ENGINEER'S SITE ATTENDANCE RECORD

FORM 170_003.123

Engineer Note:-

All Engineer's visits associated with the life safety systems and equipment must be recorded on this Site Attendance Form.
[Where the attendance is not recorded anywhere else within the Log Book i.e. Periodic Inspection Visits]

Date of Visit	Purpose of Visit	Engineers Number
7/3/14	Service ext	415

Date of Visit	Purpose of Visit	Engineers Number

B.B.C. FIRE PROTECTION LIMITED

FIXED EXTINGUISHING SYSTEMS USER MONTHLY REVIEW

FORM 170_003.123

Responsible Person Note:-

Monthly Attention

Ensure that Staff are adequately trained and new staff are given suitable instruction (where applicable)

Date of Review	Details of Staff Training - Awareness:	Responsible Persons Initials

Date of Review	Details of Staff Training - Awareness:	Responsible Persons Initials

Date of Review	Details of Staff Training - Awareness:	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

FIXED EXTINGUISHING SYSTEM
USER WEEKLY TESTING

FORM 170_003.123

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials	Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials	Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials	Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

ENGINEER'S SITE
ATTENDANCE RECORD

FORM 170_003.123

Engineer Note:-
All Engineer's visits associated with the life safety systems and equipment must be recorded on this Site Attendance Form.
[Where the attendance is not recorded anywhere else within the Log Book i.e. Periodic Inspection Visits]

Date of Visit	Purpose of Visit	Engineers Number

Date of Visit	Purpose of Visit	Engineers Number

B.B.C. FIRE PROTECTION LIMITED

FIRE DRILL AND FIRE OFFICER SITE ATTENDANCE RECORD

FORM 170_003.123

Note:-
All Fire Officer's and Building Control visits associated with the Life Safety Systems and Equipment must be recorded on the Site Attendance Form. In addition this form will also be utilised to record all Staff Drills.

Date of Visit or Fire Drill	Purpose of Visit	Attendees Details

Date of Visit or Fire Drill	Purpose of Visit	Attendees Details

B.B.C. FIRE PROTECTION LIMITED

FIXED EXTINGUISHING SYSTEM USER WEEKLY TESTING

FORM 170_003.123

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

FIXED EXTINGUISHING SYSTEM
USER WEEKLY TESTING

FORM 170_003.123

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

FIRE DRILL
AND
FIRE OFFICER SITE ATTENDANCE RECORD

FORM 170_003.123

Note:-
All Fire Officer's and Building Control visits associated with the Life Safety Systems and Equipment must be recorded on the Site Attendance Form. In addition this form will also be utilised to record all Staff Drills.

Date of Visit or Fire Drill	Purpose of Visit	Attendees Details

Date of Visit or Fire Drill	Purpose of Visit	Attendees Details

B.B.C. FIRE PROTECTION LIMITED **OUTSTANDING DEFECTS REPORT** **FORM 170_003.123**

Engineer Note:-
Any corrective action undertaken or recommended must be recorded against the respective defect report sheet.

Date Defect Recorded	Brief Details of All Defects	BBC Defect Report Sheet No	Responsible Persons Initials or Engineer's Number

Date Corrective Action Undertaken:	Brief Details of Remedial Action Undertaken:	Responsible Persons Initials or Engineer's Number

B.B.C. FIRE PROTECTION LIMITED **FIXED EXTINGUISHING SYSTEM USER WEEKLY TESTING** **FORM 170_003.123**

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials	Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials	Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials	Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

OUTSTANDING DEFECTS REPORT

FORM 170_003.123

Engineer Note:-

Any corrective action undertaken or recommended must be recorded against the respective defect report sheet.

Date Defect Recorded	Brief Details of All Defects	BBC Defect Report Sheet No	Responsible Persons Initials or Engineer's Number

Date Corrective Action Undertaken:	Brief Details of Remedial Action Undertaken:	Responsible Persons Initials or Engineer's Number

B.B.C. FIRE PROTECTION LIMITED

FIXED EXTINGUISHING SYSTEM
USER WEEKLY TESTING

FORM 170_003.123

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

FIXED EXTINGUISHING SYSTEM
USER WEEKLY TESTING

FORM 170_003.123

Responsible Person Note:-

Every Week inspect Pipework Components for damage or leakage.
Check Control Settings are correct.
Check Nozzles are in place, unobstructed and clean.
Take readings of Pressure Gauges (Where Necessary)

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

Date of Inspection:	Pressure Gauge Readings:	Responsible Persons Initials

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B.B.C. FIRE PROTECTION LIMITED

FALSE ALARM RECORDS

FORM 170_003.123

False Alarm Categories: -

a) Unwanted alarms in which a system has responded to a fire like phenomenon or environmental influence (e.g. smoke from nearby, dusts or insects, processes that produce smoke or flame, or environmental effects that can render certain types of detectors unstable, such as rapid air flow);
Accidental damage;
Inappropriate human action (e.g. operation of a system for test or maintenance purposes without prior warning to building occupants and or alarm receiving centres;

b) Equipment false alarms, in which the false alarm has resulted from a fault on the system;

c) Malicious false alarms in which a person operates a manual call point or causes a fire detector to initiate a fire signal, whilst knowing that there is no fire;

d) False alarms with good intent, in which a person operates a manual call point or otherwise initiates a fire signal in the belief that there is a fire, when no fire actually exists;

Responsible Person/Engineer Note:-

It is essential that all False Alarm Records are recorded to ensure that true records are created concerning the number of false alarms that occur within the service periods.

Date of False Alarm	Details of False Alarm [Device No and Type or precise location]	Category of False Alarm [A,B,C,D]	Reason for False Alarm	Activity in Area (If reason unknown)	Action Taken:	Responsible Persons Initials or Engineer's Number

B.B.C. FIRE PROTECTION LIMITED

FIXED FIRE EXTINGUISHING INSTALLATIONS
CYLINDER INVENTORY

FORM 170_003.123

Item No:	Cylinder No:	Serial No:	Manufacturer:	Type of Agent:	Date of Installation:	Location of Installation:	Volume of Agent:	Pressure Test Due Date:

B.B.C. FIRE PROTECTION LIMITED

FALSE ALARM RECORDS

FORM 170_003.123

Date of False Alarm	Details of False Alarm [Device No and Type or precise location]	Category of False Alarm [A,B,C,D]	Reason for False Alarm	Activity in Area (If reason unknown)	Action Taken:	Responsible Persons Initials or Engineer's Number

Audio Visual Alarm Configuration will be: -	
Alarm Definition	Define Sounder/Beacon Type
House Alarm	
First Stage Extinguishing Alarm	
Second Stage Extinguishing Alarm	

Shutdowns & Interfaces: -		
Alarm Definition	Stage 1	Stage 2
Activate Off Site Signalling		
Activation of House Alarm		
Override Security Access System		
Activate Air Handling Shutdown		
Activate Damper Closure		
Activate Fuel Supply Shutdown Valve		

Distribution pipe : -	
BS1387 Heavy Grade Galvanised Steel Pipe painted red	
BS3601 Schedule 40 Galvanised Steel Pipe painted red	
BS3605 Stainless Steel Pipe painted red	
Screw & Thread Fittings painted red	
Butt Welded Fittings painted red	

Date of False Alarm	Details of False Alarm [Device No and Type]	Category of False Alarm [A,B,C,D]	Reason for False Alarm	Activity in Area (If reason unknown)	Action Taken:	Responsible Persons Initials or Engineer's Number

Extinguishing Medium:-			
Argonite		Argon	
FM200		CO2	
Dry Chemical		Wet Chemical	
Total Flooding		Water Mist	
Inergen		Other	

Fixed Fire Extinguishing System - Engineer to record the basic information: -

General Design criteria:-			
Total Flooding		Local Application	
Name of Protected Area 1:			
Ceiling Void Height		Ceiling Void Width	Ceiling Void Length
Room Height		Room Width	Room Length
Floor Void Height		Floor Void Width	Floor Void Length
Name of Protected Area 2:			
Ceiling Void Height		Ceiling Void Width	Ceiling Void Length
Room Height		Room Width	Room Length
Floor Void Height		Floor Void Width	Floor Void Length
Name of Protected Area 3:			
Ceiling Void Height		Ceiling Void Width	Ceiling Void Length
Room Height		Room Width	Room Length
Floor Void Height		Floor Void Width	Floor Void Length

Engineer Note:-

At the time of every service visit the system false alarm record should be checked carefully to determine the following: -
The rate of false alarms during the previous 12 months, expressed as a number of false alarms per 100 detectors per annum, recorded in the box as under.
Whether since the time of the last service inspection, two or more false alarms, other than false alarms with good intent have arisen from any single manual call point or fire detector (or detector location)
Whether any persistent cause of false alarms can be identified.
Examples - 2 x False Alarms - System has 50 Detectors - False Alarm Rate = 1 (50/100 x 2) - 3 x False Alarms - System has 80 Detectors - False Alarm Rate = 2.4 (80/100 x 3)

Preliminary Investigations to be carried out as part of the Service Activity if any of the following apply:
a) The rate of false alarms over the previous 12 month has exceeded one false alarm per 25 detectors per annum;
b) more than 10 false alarms have occurred since the time of the previous service visit (typically within the previous 6 months);
c) two or more false alarms (other than false alarms with good intent) have arisen from any single manual call point or fire detector (or detector location) since the time of the last service visit;
d) any persistent cause of false alarms is identified.

Date of Service:	Period of Cover:	No of False Alarms within the period:	No of Detectors on System:	False Alarm Rate:	Engineer Action Instigated relating to False Alarm Information:

B.B.C. FIRE PROTECTION LIMITED **FIXED EXTINGUISHING SYSTEMS ROUTINE CHECKS** **FORM 170_003.123**

User/Engineer Note: -

The table below indicates the types and frequency of checks that are relevant for the principle Fixed Fire Extinguishing Systems.

The associated Detection and Alarm Systems incorporated within the Fixed Extinguishing Systems should be tested in accordance with the relevant sections of this Log Book and BS5839 Part 1.

DRY POWDER	CARBON DIOXIDE / INERT GAS EXTINGUISHING	FOAM	VAPORISING LIQUID
***Frequency:* Weekly**	***Responsibility:* USER**		
Inspect Pipework/Components for damage leakage. Check Control Settings (Manual/Automatic). Check Nozzle Seals are in place, operative and not contaminated. Take Readings of Pressure Gauges of Stored Powder and Gas Propellant - Rectify if Pressure loss > 10%. Test Detection System.	Inspect Pipework/Components for damage leakage. Check Control Settings (Manual/Automatic). Check Nozzle Seals are in place, operative and not contaminated.	Inspect Pipework/Components for damage leakage. Check Control Settings (Manual/Automatic). Check water supply not available at correct pressure.	Inspect Pipework/Components for damage leakage. Check Control Settings (Manual/Automatic). Check Nozzle Seals are in place, operative and not contaminated.
***Frequency:* Monthly**	***Responsibility:* USER**		
Ensure that Staff are trained and new Staff have been given adequate instruction on the purpose of the Fixed Extinguishing System. Manual / Automatic Modes - Operating Procedures.	Ensure that Staff are trained and new Staff have been given adequate instruction on the purpose of the Fixed Extinguishing System. Manual / Automatic Modes - Operating Procedures.	Ensure that Staff are trained and new Staff have been given adequate instruction on the purpose of the Fixed Extinguishing System. Manual / Automatic Modes - Operating Procedures.	Ensure that Staff are trained and new Staff have been given adequate instruction on the purpose of the Fixed Extinguishing System. Manual / Automatic Modes - Operating Procedures.
***Frequency:* 6 - Monthly**	***Responsibility:* ENGINEER**		
Inspect Pipework/Components for damage leakage. If damaged - Pressure Test. Inspect and Clean Nozzles and check alignment. Check Function/operation of Valves. Inspect Cylinders for External damage/corrosion. Weigh or Check level of Cylinders. Replace or refill if > 3% loss of mass. Carry out Fire Alarm & Detection Inspection in accordance with BS5839 Part 1.	Inspect Pipework/Components for damage leakage. If damaged - Pressure Test. Inspect and Clean Nozzles and check alignment. Check Function/operation of Valves. Inspect Cylinders for External damage/corrosion. Weigh or Check level of Cylinders. Replace or refill if > 3% loss of mass. Carry out Fire Alarm & Detection Inspection in accordance with BS5839 Part 1.	Inspect Foam producing Equipment, Pipeworks and Tanks for damage or leakage. Inspect and Clean Nozzles and check alignment. Check Function and operation of Valves. Inspect Foam Concentration for deterioration. Clean Equipment where necessary. Carry out Fire Alarm & Detection Inspection in accordance with BS5839 Part 1.	Inspect Pipework/Components for damage leakage. If damaged - Pressure Test. Inspect and Clean Nozzles and check alignment. Check Function/operation of Valves. Inspect Cylinders for External damage/corrosion. Weigh or Check level of Cylinders. Replace or refill if > 3% loss of mass or > 20% padding pressure. Carry out Fire Alarm & Detection Inspection in accordance with BS5839 Part 1.
***Frequency:* Annually**	***Responsibility:* ENGINEER**		
As per 6 - Monthly Inspection and Check Powder for caking or Lumping in gas container systems and Stored Pressure Systems. Inspect Powder container for Internal Corrosion.	As per 6 - Monthly Inspection.	As per 6 - Monthly Inspection and Test Foam Concentrate or Solution. Inspect Foam Container for Internal Corrosion.	As per 6 - Monthly Inspection.

B.B.C. FIRE PROTECTION LIMITED **LIMITATION OF FALSE ALARMS** **FORM 170_003.123**

Date of Service:	Period of Cover:	No of False Alarms within the period:	No of Detectors on System:	False Alarm Rate:	Engineer Action Instigated relating to False Alarm Information:

FIRE ALARM SYSTEM BASIC INFORMATION

Fire Brigade Off site Signal **Y/N** & Type of Link:	
Name of Central Station & Contact Number:	
Password - Reference [If Applicable]	
Centre Link **Y/N** & Contact Number:	
Interlink to other Systems **Y/N**:	
1st Interlink to:	
2nd Interlink to:	
3rd Interlink to:	
Location of Mandatory BS Spares [Keys, Glasses, Fuses]:	

PLANT INTERFACES

Extinguishing System **Y/N**:		Lifts **Y/N**:	
Escalators **Y/N**:		Fire Door Closures **Y/N**:	
Door Entry/Access Systems **Y/N**:		Smoke Extract **Y/N**:	
Smoke Louvers **Y/N**:		Gas Valve Shutdown **Y/N**:	
Escape Route Pressurisation **Y/N**:		Music / PA Shut Down **Y/N**:	
Voice Alarm System Interface **Y/N**:		Roller Shutter Doors **Y/N**:	
Warden Call System **Y/N**:		Sliding Entrance Doors **Y/N**:	
Air Handling Shutdown **Y/N**:		Extract Dampers **Y/N**:	
		Emergency Lights **Y/N**:	

DETAILS OF WEEKLY TEST PROCEDURE

	Action	Achieved By
1.	Isolate Brigade or Centre Link	There should be a warning label on the Control Panel if applicable Isolation will normally be via a labelled key switch which should, when operated, activate a warning buzzer
Customer's Access Code where applicable:		**Please note that on all Analogue Addressable systems you will require the User Access Code**
2.	Isolate Inter-links to adjoining systems	There should be a warning label on the Control Panel if applicable Isolation will normally be via a labelled key switch which should, when operated, activate a warning buzzer
3.	Isolate Plant Control Interfaces	This is to avoid unnecessary operation of the plant Isolation will typically be achieved via a labelled "Auxiliary Isolate" Key Switch

PORTABLE FIRE EXTINGUISHERS ENGINEER PERIODIC INSPECTION

Date of Service:	Type of Service: [Basic. Extended, Overhaul]	Defects Recorded - Yes/No: Condemned - Not Maintained - Recommendations	Engineer Number:

4.	Ensure Staff are aware of test	Best achieved by always carrying out weekly testing at a given time each week on the same day.
5.	You are now ready to test the alarm	Check the Customer Weekly Testing Form in the Equipment Log Book to identify the next Manual Call Point [MCP] to be tested. Identify the MCP and insert the test key fully. The alarm should operate. Remove the test key fully.
6.	Ensure the alarm is operating throughout the premises	This is best achieved by ensuring that all personnel are trained to report any sounders not operating on a weekly test.
7.	You are now ready to reset the system	Typically: - Turn Enable KeySwitch or Enter User Code Press Alarm Silence Button Press System Reset Button Reset Isolate Key(s) to Normal
8.	Record Activity	Enter your test within the next free line of the Customer Weekly Testing Form Enter and defect within the next free line of the Defect Report Form
9.	Report any Defect	Report any defect to your "Responsible Person" for further action

ACTION TO BE TAKEN IN THE EVENT OF AN ACTIVATION

1.	Identify cause of activation	This will be either an MCP, Detector or Inter-Link activation. Record this in the next free line of the Defect Report Form.
2.	**In a Fire Situation**	**Follow your laid down fire evacuation procedure.**
	Customer's Access Code where applicable:	**Please note that on all Analogue Addressable systems you will require the User Access Code**
3.	If a false alarm	Investigate cause of False Alarm Turn Enable KeySwitch or Enter User Code Press Alarm Silence Button Operate Auxiliary Isolate Key Inform Centre Management - Central Station Advise staff & Customers that they can re-enter the premises. **If false alarm caused by broken MCP.** Open up MCP, remove broken glass and insert new, ensuring that this is correctly fitted before closing up. Press System Reset Button Reset Isolate Key(s) to Normal **Record Detail of False Alarm within False Alarm Records** **If False Alarm caused by a Detector.** If activated by smoke or dust contact "Responsible Person" to authorise an engineer. Any further alarms will re-initiate the alarm. **Record Detail of False Alarm within False Alarm Records** **If False Alarm caused by an Interlinked System.** Typically it will not be possible to reset your system until the Inter-Linked system has been reset. "Mute - Sounders" until a "Reset" is possible. **Record Detail of False Alarm within False Alarm Records**
4.	Record Activity	All details of False Alarms and action undertaken must be recorded within the Log Book.
5.	Report any Defect	Report any defects to your "Responsible Person" for further action

FORM 170_003.123

PORTABLE FIRE EXTINGUISHERS
ENGINEER PERIODIC INSPECTION

B.B.C. FIRE PROTECTION LIMITED

Engineer Note: -

Section 5. Basic Service, Extended Service & Overhaul - BS5306 Part 3 2003

Maintenance Inspections on all types of Extinguishers should be carried out Annually
Extended Service & Recharging should be undertaken in accordance with the maintenance intervals detailed within Annex A - Schedule of Maintenance Intervals
Overhaul & Recharging should be undertaken in accordance with the maintenance intervals detailed within Annex A - Schedule of Maintenance Intervals
Any Extinguisher identified as having a major defect making it unsafe for use should be made safe and removed from its designated location & marked "CONDEMNED".
This information should be recorded within the Portable Fire Extinguisher - Inventory
Any Extinguisher that cannot be fully maintained - either because spare parts are no longer available or the User refuses to authorise full maintenance should be marked "NOT MAINTAINED"
This information should be recorded within the Portable Fire Extinguisher - Inventory
Where CONDEMNED or NOT MAINTAINED Extinguishers are identified a Defect Report Sheet must be raised and details entered within the Outstanding Defect Report and reported to the "Responsible Person".

Date of Service:	Type of Service: [Basic. Extended, Overhaul]	Defects Recorded - Yes/No: Condemned - Not Maintained - Recommendations	Engineer Number:
7/03/19	BS	N	419

B.B.C. FIRE PROTECTION LIMITED

FIRE ALARM SYSTEM
USER WEEKLY TESTING

FORM 170_003.123

Responsible Person Note:-

Section 6. Maintenance
Notify ARC prior to test

Every Week operate a Manual Call Point during normal working hours. Check that a fire signal is received at the panel and provides an output to the fire alarm sounders.

Ensure that the fire signal is received at the Alarm Receiving Centre (where applicable).

The weekly test should be carried out at the same time each week and instructions should be in place for individuals to report poor audibility.

In systems where there are staged alarms incorporating "Alert" and an "Evacuate" the two signals should be operated.

In premises where some employees only work during hours other than that at which the fire alarm is tested an additional test should be carried out once a month to ensure familiarity with all employees.

A different Manual Call Point should be used at each test so that ALL Manual Call Points are tested.

The duration for which a fire signal is operated should not exceed one minute so that in the event of a fire at the time of a weekly test, occupants will be warned with the prolonged operation of the sounders.

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

PORTABLE FIRE EXTINGUISHERS
MONTHLY INSPECTIONS - USER

FORM 170_003.123

Date of Inspection:	Defects Recorded [Yes/No]:	Responsible Persons Initials

Date of Test	Defects Recorded [Yes/No]:	Responsible Persons Initials

Date of Test	Defects Recorded [Yes/No]:	Responsible Persons Initials

Date of Test	Defects Recorded [Yes/No]:	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

FIRE ALARM SYSTEM
USER WEEKLY TESTING

FORM 170_003.123

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

PORTABLE FIRE EXTINGUISHERS
MONTHLY INSPECTIONS - USER

FORM 170_003.123

Responsible Person Note:-

Section 4. Inspection by the User - BS5306 Part 3 2003

Inspections should be undertaken at monthly intervals and include the following checks: -

Each Extinguisher is located in its designated place;

Each Extinguisher is unobstructed and visible;

Operating instructions of each extinguisher are clean, legible and face outwards;

Each Extinguisher has not been operated and is not obviously damaged;

Readings of pressure gauges or indicator fitted to an Extinguisher is within operational and safety limits;

Seals and Tamper Indicators are not broken or missing;

Any defect to be recorded within the Outstanding Defects Report and reported to the "Responsible Person".

Date of Inspection:	Defects Recorded [Yes/No]:	Responsible Persons Initials

Date of Test	Defects Recorded [Yes/No]:	Responsible Persons Initials

Date of Test	Defects Recorded [Yes/No]:	Responsible Persons Initials

Date of Test	Defects Recorded [Yes/No]:	Responsible Persons Initials

FIRE BLANKET: INVENTORY

Ref No:	Manufacturer:	Size:	Date of Install:	Location:	Date taken out of Service:	Reason:

FIRE ALARM SYSTEM
USER WEEKLY TESTING

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

PORTABLE FIRE EXTINGUISHERS: INVENTORY

Ref No:	Type*:	Size:	SP/CO**:	Date of Install:	Location:	Date taken out of Service:	Reason:

* W = Water DP = Dry Powder CO^2 = Carbon Dioxide F = Foam H = Hydrospray O = Other (Please Specify)
** SP = Stored Pressure CO = Cartridge Operated

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

PORTABLE FIRE EXTINGUISHERS: INVENTORY

Ref No:	Type*:	Size:	SP/CO**:	Date of Install:	Location:	Date taken out of Service:	Reason:

* W = Water DP = Dry Powder CO^2 = Carbon Dioxide F = Foam H = Hydrospray O = Other (Please Specify)
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Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials	Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials	Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials	Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

FIRE ALARM SYSTEM
USER WEEKLY TESTING

FORM 170_003.123

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

Date of Test	Manual Call Point [MCP] Device Number(s) tested	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

EMERGENCY LIGHTING SYSTEM
ENGINEER PERIODIC INSPECTION

FORM 170_003.123

Engineer Note: -

Section 12 Servicing - BS5266 Part 1 1999

The first periodic inspection in any contract period will be Service Code "H2" and will be for the full duration of the Emergency Light [Typically - 3 Hours]
The second periodic inspection will be Service Code "H1" and each Emergency Light will be illuminated for a continuous period of 1 hour.

Any defect to be recorded within the Outstanding Defects Report and reported to the "Responsible Person".

Date of Test	Service Code H1/H2	Defects Recorded Yes/No:	Engineer Number:

Date of Test	Service Code H1/H2	Defects Recorded Yes/No:	Engineer Number:

B.B.C. FIRE PROTECTION LIMITED

FIRE ALARM SYSTEM
USER MONTHLY TESTING

FORM 170_003.123

Responsible Person Note:-

Section 6. Maintenance - Monthly Attention

To be carried out by a competent person with relevant technical knowledge & training.

If an Emergency Generator is used as part of the standby power supply it should be started up once a month by simulation of failure of the normal power supply and operated on-load for at least one hour.

If vented batteries are used as a standby power supply, a visual inspection of the batteries and their connections should be made to ensure they are in good condition.

Date of Test/Inspection	Type of Test/Inspection - (G) Generator / (B) Batteries	Test/Inspection Results:	Responsible Persons Initials

Date of Test/Inspection	Type of Test/Inspection - (G) Generator / (B) Batteries	Test/Inspection Results:	Responsible Persons Initials

Date of Test/Inspection	Type of Test/Inspection - (G) Generator / (B) Batteries	Test/Inspection Results:	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

EMERGENCY LIGHTING SYSTEM
USER MONTHLY TESTING

FORM 170_003.123

Date of Test	Duration of Test [Minutes]	Responsible Persons Initials

Date of Test	Duration of Test [Minutes]	Responsible Persons Initials

Date of Test	Duration of Test [Minutes]	Responsible Persons Initials

Date of Test	Duration of Test [Minutes]	Responsible Persons Initials

B.B.C. FIRE PROTECTION LIMITED

FIRE ALARM SYSTEM
ENGINEER PERIODIC INSPECTION TEST

FORM 170_003.123

Engineer Note:-

Section 6. Maintenance - Periodic Inspection & Test of the System

All Service Inspections will be carried out in accordance with BS5839:Part 1:2002
Where four inspections per annum are contracted the appropriate colour code group and associated month for the fire alarm devices will be serviced.
Where only two inspections per annum are contracted, then the respective colour groups will be serviced at the same time (i.e. Green & Red - then - Orange & Yellow)
All Defects must be recorded on the outstanding Defect Report page.

Colour Code Group:	**Green[G]**	**Red [R]**	**Orange [O]**	**Yellow [Y]**	**Blue [B]**
Months of Service:	January February March	April May June	July August September	October November December	All Devices Marked

S: Satisfactory
NS: Not Satisfactory
NA: Not Applicable

Date of Planned Maintenance Visit	System Log Book Review S/NS/NA	Visual Inspection - Structural & Occupancy: S/NS/NA	False Alarm Records: S/NS/NA	Fire Condition Test on all Zones [Identify Device] S/NS/NA	Device Colour(s) Code Group Tested: G/R/O/Y/B/NA	Controls & Visual Indicators [Panel(s)] S/NS/NA	Alarm Signal Transmission: S/NS/NA	Ancillary Functions & Interlinks: S/NS/NA	Fault Indication: S/NS/NA	Analogue Values (where applicable) S/NS/NA	Cause & Effect Programme S/NS/NA	Audibility: S/NS/NA	Engineer's Number

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B.B.C. FIRE PROTECTION LIMITED

EMERGENCY LIGHTING SYSTEM
USER MONTHLY TESTING

FORM 170_003.123

Responsible Person Note:-

Section 12. Servicing - BS5266 Part 1 1999

At monthly intervals an inspection should be made and tests completed as follows: -
Carry out test to all emergency lights by simulation of a mains failure for the duration of time taken to ensure that each Emergency Light is illuminated.

Any defect to be recorded within the Outstanding Defects Report and reported to the "Responsible Person".

Date of Test	Duration of Test [Minutes]	Responsible Persons Initials

Date of Test	Duration of Test [Minutes]	Responsible Persons Initials

Date of Test	Duration of Test [Minutes]	Responsible Persons Initials

Date of Test	Duration of Test [Minutes]	Responsible Persons Initials

INVENTORY OF TEST SWITCH LOCATIONS

[Should any of the lights not have test switches the Engineer is to identify which area they are missing from - Engineer to also raise a DRS]

Description of Area	Location & Type of Test Switch

DETAILS OF MONTHLY TEST PROCEDURE:-

	Action	Achieved By
1.	Activate Emergency Lighting	Activate all test switches and check all emergency lighting units have come on. **[Locations of Test Switches detailed on Inventory]**
2.	Reinstate Emergency Lighting	Reinstate all test switches back to their normal position and check all lighting units to ensure red charger light is illuminated.
3.	Record Activity	Enter your test within the next free line of the User Monthly Testing Form Enter any defect within the next free line of the Defect Report Form
4.	Report any Defect	Report any defect to your "Responsible Person" for further action

FIRE ALARM SYSTEM
ENGINEER PERIODIC INSPECTION TEST
B.B.C. FIRE PROTECTION LIMITED

Date of Planned Maintenance Visit																				
System Log Book Review	S/NS/NA																			
Visual Inspection - Structural & Occupancy:	S/NS/NA																			
False Alarm Records:	S/NS/NA																			
Fire Condition Test on all Zones [Identify Device]	S/NS/NA																			
Device Colour(s) Code Group Tested:	G/R/O/Y/B/NA																			
Controls & Visual Indicators [Panel(s)]	S/NS/NA																			
Alarm Signal Transmission:	S/NS/NA																			
Ancillary Functions & Interlinks:	S/NS/NA																			
Fault Indication:	S/NS/NA																			
Analogue Values (where applicable)	S/NS/NA																			
Cause & Effect Programme	S/NS/NA																			
Audibility:	S/NS/NA																			
Engineer's Number																				

Date of planned Maintenance Visit	Physical Condition of Battery Set: S/NS	Battery Set Replaced: Y/N	Next Replacement Year:	Quiescent DC current from Battery Set [Mains Off] Amps	DC current from Battery Set in "Alarm" Condition [Mains Off] Amps	Charger Adjusted or Replaced: Y/N	Standby Battery Warning: S/NS/NA	Mains Failure Warning: S/NS/NA	Mains Signage (As per BS5839) S/NS	Engineers Number:	Detail here reason if Alarms cannot be Sounded:

B.B.C. FIRE PROTECTION LIMITED

FIRE ALARM SYSTEM
ENGINEER PERIODIC INSPECTION OF BATTERY SET
[one form per battery set]

FORM 170_003.123

B.B.C. FIRE PROTECTION LIMITED

FIRE ALARM SYSTEM
ENGINEER PERIODIC INSPECTION OF BATTERY SET
[one form per battery set]

FORM 170_003.123

Engineer Note:-

If the site is not manned 24 hours a day, seven days a week, or if there is no off site power supply fault monitoring, you will need to record the Design Standby Time at 72 hours. If the Charger Output is not capable of recharging the battery set within 24 hours you will need to raise a DRS.

Any defect must be recorded on the Outstanding Defect Report.

Where wet cells are in use Engineer to complete specific gravity readings per cell onto form on site within battery enclosure, top up electrolyte where necessary.

Engineer to ensure that Health & Safety is compiled with at all times.

Battery Set Numeric Reference: 001

System Design Standby Time:

Cell Size:	Amps	Volts	Number of Cells	Make	Type: SLA/NICAD/WET

S: Satisfactory **NS: Not Satisfactory** **SLA: Sealed Lead Acid** **WET: Wet Cells** **NICAD: Nickel Cadmium**

Date of Planned Maintenance Visit	Physical Condition of Battery Set: S/NS	Battery Set Replaced: Y/N	Next Replacement Year:	Quiescent DC current from Battery Set [Mains Off] Amps	DC current from Battery Set in "Alarm" Condition [Mains Off] Amps	Charger Adjusted or Replaced: Y/N	Standby Battery Warning: S/NS/NA	Mains Failure Warning: S/NS/NA	Mains Signage (As per BS5839) S/NS	Engineers Number:	Detail here reason if Alarms cannot be Sounded:

B.B.C. FIRE PROTECTION LIMITED

FIRE ALARM SYSTEM
ENGINEER PERIODIC INSPECTION OF BATTERY SET
[one form per battery set]

FORM 170_003.123

Engineer Note:-

If the site is not manned 24 hours a day, seven days a week, or if there is no off site power supply fault monitoring, you will need to record the Design Standby Time at 72 hours. If the Charger Output is not capable of recharging the battery set within 24 hours you will need to raise a DRS.

Any defect must be recorded on the Outstanding Defect Report.

Where wet cells are in use Engineer to complete specific gravity readings per cell onto form on site within battery enclosure, top up electrolyte where necessary.

Engineer to ensure that Health & Safety is complied with at all times.

Battery Set Numeric Reference: **003**

System Design Standby Time:

Cell Size:

Amps	Volts	Number of Cells	Make	Type: SLA/NICAD/WET

S: Satisfactory **NS:** Not Satisfactory **SLA:** Sealed Lead Acid **WET:** Wet Cells **NICAD:** Nickel Cadmium

Date of Planned Maintenance Visit	Physical Condition of Battery Set: S/NS	Battery Set Replaced: Y/N	Next Replacement Year:	Quiescent DC current from Battery Set [Mains Off] Amps	DC current from Battery Set in "Alarm" Condition [Mains Off] Amps	Charger Adjusted or Replaced: Y/N	Standby Battery Warning: S/NS/NA	Mains Failure Warning: S/NS/NA	Mains Signage (As per BS5839) S/NS	Engineers Number:	Detail here reason if Alarms cannot be Sounded:

B.B.C. FIRE PROTECTION LIMITED

FIRE ALARM SYSTEM
ENGINEER PERIODIC INSPECTION OF BATTERY SET
[one form per battery set]

FORM 170_003.123

Date of Planned Maintenance Visit	Physical Condition of Battery Set: S/NS	Battery Set Replaced: Y/N	Next Replacement Year:	Quiescent DC current from Battery Set [Mains Off] Amps	DC current from Battery Set in "Alarm" Condition [Mains Off] Amps	Charger Adjusted or Replaced: Y/N	Standby Battery Warning: S/NS/NA	Mains Failure Warning: S/NS/NA	Mains Signage (As per BS5839) S/NS	Engineers Number:	Detail here reason if Alarms cannot be Sounded:

B.B.C. FIRE PROTECTION LIMITED **FORM 170_003.123**

FIRE ALARM SYSTEM
ENGINEER PERIODIC INSPECTION OF BATTERY SET
[one form per battery set]

Engineer Note:-

If the site is not manned 24 hours a day, seven days a week, or if there is no off site power supply fault monitoring, you will need to record the Design Standby Time at 72 hours. If the Charger Output is not capable of recharging the battery set within 24 hours you will need to raise a DRS.

Any defect must be recorded on the Outstanding Defect Report.

Where wet cells are in use Engineer to complete specific gravity readings per cell onto form on site within battery enclosure. top up electrolyte where necessary.

Engineer to ensure that Health & Safety is complied with at all times.

Battery Set Numeric Reference: **002**

System Design Standby Time:

	Amps	Volts	Number of Cells	Make	Type: SLA/NICAD/WET
Cell Size:					

S: Satisfactory **NS:** Not Satisfactory **SLA:** Sealed Lead Acid **WET:** Wet Cells **NICAD:** Nickel Cadmium

Date of Planned Maintenance Visit	Physical Condition of Battery Set: S/NS	Battery Set Replaced: Y/N	Next Replacement Year:	Quiescent DC current from Battery Set [Mains Off] Amps	DC current from Battery Set in "Alarm" Condition [Mains Off] Amps	Charger Adjusted or Replaced: Y/N	Standby Battery Warning: S/NS/NA	Mains Failure Warning: S/NS/NA	Mains Signage (As per BS5839) S/NS	Engineers Number:	Detail here reason if Alarms cannot be Sounded:

B.B.C. FIRE PROTECTION LIMITED **FORM 170_003.123**

FIRE ALARM SYSTEM
ENGINEER PERIODIC INSPECTION OF BATTERY SET
[one form per battery set]

Date of Planned Maintenance Visit	Physical Condition of Battery Set: S/NS	Battery Set Replaced: Y/N	Next Replacement Year:	Quiescent DC current from Battery Set [Mains Off] Amps	DC current from Battery Set in "Alarm" Condition [Mains Off] Amps	Charger Adjusted or Replaced: Y/N	Standby Battery Warning: S/NS/NA	Mains Failure Warning: S/NS/NA	Mains Signage (As per BS5839) S/NS	Engineers Number:	Detail here reason if Alarms cannot be Sounded:

WATER SERVICES LOG 2013

Contents

Log Book Introduction

Trident Environmental Services have supplied this log book to held on site, to ensure the comprehensive record keeping of all water hygiene records that your organisation can use to gain compliance with the requirement of the Approved Code of Practice and guidance document Legionnaires' disease – The control of legionella bacteria in water systems (L8).

The log book is designed to assist in achieving the water quality on site and providing safe water under your duty of care to all users of the building/facility.

The guidance and responsibilities within this document are designed to ensure that clear lines of communication and management pathways are identified for the control of water quality.

The guidance and information within this document should be reviewed on a regular basis in line with any changes introduced to the system controls and mechanical assets and record kept for a period of 5 years as per the requirement of the Approved Code of Practice and guidance document Legionnaires' disease – The control of Legionella bacteria in water systems (L8).

Legal Requirement

The Approved Code of Practice (L8) "Legionnaires' disease: The control of legionella in water systems" (ACOP L8) gives practical advice on the requirements of the Health and Safety at Work etc Act 1974 (HASAWA) and the Control of Substances Hazardous to Health Regulations (COSHH) concerning the risk from exposure to Legionella bacteria. In particular it gives guidance on Sections 2, 3, 4 and 6 (as amended by the Consumer Protection Act 1987) of HASAWA, and Regulations 6, 7, 8, 9 and 12 of COSHH. The Code also gives guidance on compliance with the relevant parts of the Management of Health and Safety at Work Regulations 1999 (MHSWR).

Responsible person

The nominated responsible person will be responsible for the compliance of the water hygiene/treatment regime in accordance with ACOP L8 and ensure all contractors are competent and adhering to the guidance and methods of control required.

The responsible person is in control of ensuring full awareness of their mechanical assets and legal requirements, ensuring all records and maintained and updated in line with contractual obligations.

It is recommended the responsible person attends "Responsible person Legionella awareness courses" by accredited trainers to ensure they maintain full awareness of any changes in guidance, legislation or technology.

The Water Hygiene Risk Assessment is accurate and reviewed in line with ACOP L8 guidelines of every two years or in the event of any mechanical changes or building use, this enables to responsible person to have full control of any changes to risk and implement the procedures to ensure the risk to persons and minimised.

Those who have, to any extent, control of premises, have a duty under the Notification of Cooling Towers and Evaporative Condensers Regulations 1992 to notify the local authority in writing with details of 'notifiable devices'. These consist of cooling towers and evaporative condensers, except when they contain water that is not exposed to the air and the water and electricity supply are not connected. Although the requirement is to notify the local authority, the Regulations are enforced by the relevant authority for the premises concerned. Forms are available from local authorities or the

local HSE office. If a tower becomes redundant and is decommissioned or dismantled, this should also be notified. The main purpose of these Regulations is to help in the investigation of outbreaks.

Log Book Introduction (cont'd)

Responsible person (cont'd)

Whilst it has lesser legal standing ACOP L8 in reality provides the clearest instruction on controlling the risks from Legionella bacteria (the causative agent of legionellosis including Legionnaires' disease) in circumstances where the Health and Safety at Work etc Act 1974 applies.

Under this guidance to comply with their legal duties, employers and those with responsibilities for the control of premises should:-

(a) Identify and Assess Sources of Risk – Inspecting and reviewing the main contributing factors in relation to Legionella proliferation in respect to temperature control, generation of aerosol and the susceptible persons likely to come into contact with any aerosol generated by the plant/equipment that fall under the responsible person.

(b) Prepare a Policy and Plan for the Control of the risk.

(c) Initiate Manage and Review Precautions – Regular review of the control measures.

(d) Keep Records of the Precautions.

(e) Appoint Responsible person to be managerially responsible.

Training and Competency

There is a requirement for all person(s) involved in the management of water systems to have received adequate training and have the ability and competence to ensure all tasks and requirements outlined within ACOP L8 can be adhered to.

Record Keeping

The responsible person is responsible to ensure the following information is current and accurate and maintained within the water hygiene/treatment records.

- Completion of the risk assessment and written scheme.

(a) Actions and Significant findings from the risk assessment.

(b) The written scheme required for controlling the risk.

(c) Implementation of the written scheme.

(d) The results of any monitoring, inspection, test or check carried out, and the dates. This should include details of the state of operation of the system, i.e. in use/not in use.

The following information should be recorded:-

(a) Names and position of people responsible for carrying out the various tasks under the written scheme.

Log Book Introduction (cont'd)

Record Keeping (cont'd)

(b) A risk assessment and a written scheme of actions and control measures.

(c) Plans or schematic drawings of the systems.

(d) Details of precautionary measures that have been carried out, including sufficient detail to show that they were carried out correctly and the dates on which they were carried out.

(e) Remedial work required and carried out, and the date of completion.

(f) A log detailing visits by contractors, consultants and other personnel.

(g) Cleaning and disinfection procedures and associated reports and certificates.

(h) Results of the chemical analysis of the water.

(i) Information on other hazards, e.g. treatment chemicals.

(j) Cooling tower notification.

(k) Training records of personnel.

(l) The name and position of the people or persons who have responsibilities for implementing the scheme, their respective responsibilities and their lines of communication.

Natural History of the Legionella Bacterium

Legionella bacteria are common and can be found naturally in environmental water sources such as rivers, lakes and reservoirs, usually in low numbers. Legionella bacteria can survive under a wide variety of environmental conditions and have been found in water at temperatures between 6°C and 60°C. Water temperatures in the range 20°C to 45°C seem to favour growth. The organisms do not appear to multiply below 20°C and will not survive above 60°C. They may, however remain dormant in cool water and multiply only when water temperatures reach a suitable level. Temperatures may also influence virulence; Legionella bacteria held at 37°C have greater virulence than the same Legionella bacteria kept at a temperature below 25°C.

Legionella bacteria also require a supply of nutrients to multiply. Sources can include, for example, commonly encountered organisms within the water system itself such as algae, amoebae and other bacteria. The presence of sediments, sludge, scale and other material within the system, together with Biofilms, are also thought to play an important role in harbouring and providing favourable conditions in which the Legionella bacteria may grow. A Biofilm is a thin layer of micro-organisms which may form a

slime on the surfaces in contract with water. Biofilm, sludge and scale can protect Legionella bacteria from temperatures and concentrations of biocide that would otherwise kill or inhibit these organisms if they were freely suspended in the water.

As Legionella bacteria are commonly encountered in environmental sources they may eventually colonise manufactured water systems and be found in cooling tower systems, hot and cold water systems and other plant which use or store water. To reduce the possibility of creating conditions in which the risk from exposure to Legionella bacteria is increased, it is important to control the risk by introducing measures which:-

- *Do not allow proliferation of the organisms in the water systems. This is covered in this log book in each section titled "Identification of potential sources of risk from legionella bacteria".*

- *Reduce, so far as is reasonably practicable, exposure to water droplets and aerosol. This is covered in this log book in each section titled "The means by which the risk from exposure to legionella bacteria can be minimised and controlled".*

2

WATER SERVICES LOG

Management Pathway

Appointed responsible person	TBC
Title	
Company	TK Maxx
Address	50 Clarendon Road 69-71 Clarendon road Watford WD17 1TX
Maintenance Company	Vinci Facilities Limited
Address	2 Cranberry Drive, Denton, Manchester
Post Code	M34 3UL
Main contact	Heath Bennett
Position/title	Account Director
Site contact	
Position/title	
Water treatment specialists	**Trident Environmental Services Limited**
Regional Address	Unit 1 Mercian Park, Felspar Road, Amington Industrial Estate, Tamworth B77 4DP
Main contact	Mr Craig Ward
Position/title	
Telephone No.	0844 335 6607
Emergency Telephone No	

WATER HYGIENE VISIT TO DOMESTIC SERVICES

*Carry out site specific Risk Assessment

1. Advise client/security of arrival on site and obtain permission to carry out specified works.

2. Carry out a Trident Environmental Services site specific risk assessment (Form TES17) and ensure appropriate control measures are in place before works commence.

3. Carry out tasks as applicable to the contract. These will include some, or all, of the following:-

   A) Temperature monitoring of water within storage tank(s) remote from the ball valve and the incoming mains water temperature at the ball valve.

   B) Temperature monitoring of incoming mains, water storage tank(s), plus a random selection of hot and cold down water service outlets including the furthest pipework runs, running hot outlets for one minute and running cold outlets for two minutes. Monitoring works to be carried out in accordance with ACOP L8, Checklist 2.

   C) Blowdown HWS calorifier(s) by flushing from the drain valve until the water runs clear, then proceed to take the Legionella sample as per TES 05

   D) Showerhead descale and disinfection. Change into appropriate PPE. Remove all shower heads and submerge in an appropriate solution of Sulphamic Acid. Once showerheads are descaled, clean and rinse thoroughly in mains water. Submerge shower heads in 50ppm free residual chlorine solution for a period of one hour. Rinse shower heads in mains water. Re-assemble and return showers to service. For detailed methods statement please refers to TES 08.

   E) Carry out inspection of water storage tank(s) for compliance with Water Supply Regulations 1999 (inspect for debris, stagnation, lid type/condition, vents, rodent screen, inlet and outlet locations etc).

   F) Carry out routine thermostatic mixing valve (TMV) test of fail safe operation. For detailed methods statement please refers to TES 08.

   G) Carry out full service of thermostatic mixing valve (TMV) to include descale and disinfection. Replacement of worn or non-functioning parts or complete TMV's will be subject to client approval via variation order. For detailed methods statements please refer to TES 08.

4. Record all actions undertaken in item 3 in the site logbook.

5. Provide written report on findings to client.

6. Advise client/security of completion of work and departure from site.

7. Sign out at reception and return all keys, passes etc.

CLEAN, DESCALE AND DISINFECT SHOWERHEADS

***Carry out site specific Risk Assessment.**

Works are to be carried out to ACOP L8 (2001) Guidelines from the Health and Safety Executive, January 2001.

1. Confirm date of work.
2. Advise client/security of arrival on site and obtain permission to carry out specified works.
3. Carry out a Trident Environmental Services site specific risk assessment (Form TES17) and ensure appropriate control measures are in place before works commence.
4. Change into protective clothing, wear personal protective equipment and post warning notices.
5. Remove all shower heads and disassemble the various components. Take care not to force apart or damage the heads.
6. Prepare a 10% solution of Sulphamic Acid by mixing 500g of sulphamic acid (in powder form) with 5 litres of warm water. Submerge showerhead components in sulphamic acid solution. Allow sufficient soak time to ensure scale removal (typically 15 to 30 minutes). Retain acid solution in secure labelled container if moving on to other works areas. Otherwise dispose solution to foul drain.
7. Clean and rinse the descaled components thoroughly in cold mains water. Then submerge shower heads in 50ppm free residual chlorine solution for a contact period of not less than one hour. Main 50ppm free chlorine for the duration of the disinfection period.
8. On completion of disinfection, rinse shower heads in cold mains water. Re-assemble components and hoses and return showers to service. Remove warning notices.
9. Provide written report on findings to client. Record all actions undertaken in item 3 in the site logbook.
10. Advise client/security of completion of work and departure from site.
11. Sign out at reception and return all keys, passes etc.

DISINFECTION OF DOMESTIC WATER TANKS

*** Carry out site specific Risk Assessment**

Works are to be carried out to ACOP(L8)2001 Guidelines from the Health and Safety Executive, January 2001.

1. Confirm date of work.
2. Advise client/security of arrival on site and obtain permission to carry out specified works.
3. Carry out a Trident Environmental Services site specific risk assessment and ensure appropriate control measures are in place before works commence.
4. Ensure that pipe configuration allows for water services to be maintained at all times during the disinfection process.
5. Post warning notes on all isolation valves and on tanks.
6. Drain and clean the CWS tanks using suction equipment. (Care must be taken to ensure CWS tanks are not backing up inside the building anywhere or leaking).
7. Add sodium hypochlorite solution to the tank (approximately 0.5 L hypochlorite/m^3) to obtain a minimum of 50 ppm free chlorine. Agitate the mixture with the sump pump.
8. Allow to stand for 1 hour, check there is still 50ppm in the tank. If not, repeat stage 7.
9. Neutralise CWS tank(s) back to incoming mains level using sodium thiosulphate. Tanks which supply drinking water must be drained and flushed after neutralisation, then refilled with fresh water. **Note - neutralised water should never be drawn through to any drinking water pipework.**
10. Check taps are switched off and there are no air locks in the system. Ensure all CWS tanks are completely full and the ball-valves functioning correctly. Remove warning notices
11. Affix Trident Environmental Services Tank Label to outer surface of tank in a visible location. Record the works carried out, date and initials on the tank label.
12. Fill out Contract Maintenance Report and obtain site signature. Record all actions in site Log book.
13. Advise client / security of completion of work and departure from site.
14. Sign out at reception and return all keys, passes etc.

DISINFECTION OF DOMESTIC WATER SERVICES TO ACOP L8 (2001) (INCLUDING MAINS)

* Carry out site specific Risk Assessment

Works are to be carried out to ACOP L8(2001) Guidelines from the Health and Safety Executive, January 2001.

1. Confirm date of work.
2. Advise client/security of arrival on site and obtain permission to carry out specified works.
3. Carry out a Trident Environmental Services site specific risk assessment (Form TES17) and ensure appropriate control measures are in place before works commence.
4. Change into protective clothing and post warning notices.
5. Drain and clean CWS tanks using suction equipment. (Care must be taken to ensure that the drains are not backing-up anywhere inside the building or leaking).
6. If the rising main is to be chlorinated ensure all drinks machines are disconnected.
7. Open tap and proceed to inject chlorine with dosing pump until chlorine is detected at 50ppm minimum. (N.B. Take particular care with regards with use of eye protection when injecting chlorine under pressure).
8. Work up the building always keeping one tap open until the CWS tank is reached. Open up ballvalve and continue filling tank. Draw chlorine to all mains outlets ensuring that one tap is always open.
9. When tanks are full switch off dosing pump, isolate mains stopcock and check there is a minimum of 50pm. Stand for 1 hour and check there is still 50ppm. If not, re-dose and repeat.
10. Draw chlorinated water to all outlets and stand for one hour.
11. Check there is still 50ppm at the furthest outlet. If not, repeat stages 7 to 10.
12. Open stopcock and flush the rising main and all outlets. Arrange for reconnection of drinks machines.
13. Neutralise tank(s) using sodium Thiosulphate. Tanks which supply drinking water must be drained and flushed after neutralisation, then refilled with fresh water. **Note - neutralised water should never be drawn through to any drinking water pipework.**
14. Flush all outlets free of chlorine.
15. Check all taps are switched off. Remove warning notices. Ensure all CWS tanks are completely full and the ball-valves functioning correctly.
16. Affix Trident Environmental Services Tank Label to outer surface of tank in a visible location. Record the works carried out, date and initials on the tank label.
17. Fill out Contract Maintenance Report and obtain site signature. Record all actions in site Log book.
18. Advise client / security of completion of work and departure from site.
19. Sign out at reception and return all keys, passes etc.

DISINFECTION OF DOMESTIC WATER SERVICES.

TANKS AND DOWN SERVICES ONLY (Use of Supersil)

*** Carry out site specific Risk Assessment**

Works are to be carried out to ACOP(L8)2001 Guidelines from the Health and Safety Executive, January 2001.

1. Confirm date of work.
2. Advise client/security of arrival on site and obtain permission to carry out specified works.
3. Carry out a Trident Environmental Services site specific risk assessment (Form TES17) and ensure appropriate control measures are in place before works commence.
4. Ensure that if vending machines/chilled water-drinking machines are connected to the down water services that they are disconnected and isolated prior to the sterilisation.
5. Post warning notes at all outlets.
6. Drain and clean the CWS tanks using suction equipment. (Care must be taken to ensure CWS tanks are not backing up inside the building anywhere or leaking).
7. Add Silver Hydrogen Peroxide (Supersil) to the tank (approximately 125ml per/1000 Litres) to obtain a minimum of 150 ppm free supersil. Agitate the mixture with the sump pump.
8. Allow to stand for 1 hour, check there is still 150ppm in the tank. If not, repeat stage 7.
9. Draw to all outlets. Check there is still 150ppm at the furthest outlet and stand for a further 1 hour. If not, repeat stages 7 and 8.
10. Supersil is potable upto a level of 200ppm
11. Check taps are switched off, remove warning notices. Ensure all CWS tanks are completely full and the ball-valves functioning correctly. (Reconnect vending machines, etc if isolated as above in point 4).
12. Affix Trident Environmental Services Tank Label to outer surface of tank in a visible location. Record the works carried out, date and initials on the tank label.
13. Fill out Contract Maintenance Report and obtain site signature. Record all actions in site Log book.
14. Advise client / security of completion of work and departure from site.
15. Sign out at reception and return all keys, passes etc.

DISINFECTION OF DOMESTIC WATER SERVICES.

TANKS AND DOWN SERVICES ONLY

*** Carry out site specific Risk Assessment**

Works are to be carried out to ACOP(L8)2001 Guidelines from the Health and Safety Executive, January 2001.

1. Confirm date of work.
2. Advise client/security of arrival on site and obtain permission to carry out specified works.
3. Carry out a Trident Environmental Services site specific risk assessment (Form TES17) and ensure appropriate control measures are in place before works commence.
4. Ensure that if vending machines/chilled water-drinking machines are connected to the down water services that they are disconnected and isolated prior to the sterilisation.
5. Post warning notes at all outlets.
6. Drain and clean the CWS tanks using suction equipment. (Care must be taken to ensure CWS tanks are not backing up inside the building anywhere or leaking).
7. Add sodium hypochlorite solution to the tank (approximately 0.5 L hypochlorite/m3) to obtain a minimum of 50 ppm free chlorine. Agitate the mixture with the sump pump.
8. Allow to stand for 1 hour, check there is still 50ppm in the tank. If not, repeat stage 7.
9. Draw to all outlets. Check there is still 50ppm at the furthest outlet and stand for a further 1 hour. If not, repeat stages 7 and 8.
10. Neutralise CWS tank(s) back to incoming mains level using sodium thiosulphate. Tanks which supply drinking water must be drained and flushed after neutralisation, then refilled with fresh water. **Note - neutralised water should never be drawn through to any drinking water pipework.**
11. Flush all outlets back to incoming mains level chlorine.
12. Check taps are switched off, remove warning notices. Ensure all CWS tanks are completely full and the ball-valves functioning correctly. (Reconnect vending machines, etc if isolated as above in point 4).
13. Affix Trident Environmental Services Tank Label to outer surface of tank in a visible location. Record the works carried out, date and initials on the tank label.
14. Fill out Contract Maintenance Report and obtain site signature. Record all actions in site Log book.
15. Advise client / security of completion of work and departure from site.
16. Sign out at reception and return all keys, passes etc.

BACTERIAL SAMPLING

1.0 INTRODUCTION

The prime objective is to obtain a sample which is representative of the water being examined. Care must be taken to avoid cross contamination and damage to the bottle, as this may put any results obtained in question.

***Carry out site specific Risk Assessment**

1.1 Advise client/security of arrival on site and obtain permission to complete specified works.
1.2 Carry out a Trident Environmental Services site specific risk assessment (Form TES17) and ensure appropriate control measures are in place before works commence.

2.0 SAMPLING CONTAINERS

2.1 Samples should be taken in a container suitable for the type of analysis required.
2.2 All bottles for microbiological analysis should be made from a suitable pre-sterilised disposable plastic container containing Sodium Thiosulphate. Bottles for chemical analysis should be a 1 litre clean plastic container.
2.3 All bottles are purchased from an approved supplier and provided by the laboratory. All bottles should be exclusively for the purpose of analysis.
2.4 The size of the bottle depends upon the number and type of test to be carried out.
Please see the chart at the bottom of the method statement.
2.5 All bottles should be fitted with a secure lid to prevent any spillage and contamination and microbiological containers should be sealed with a tamper proof strip. If the strip is broken the container should not be used as the sterility of the bottle becomes invalid.

3.0 SAMPLE LABELLING

3.1 All sample bottles must be adequately labelled with self-adhesive pre-printed company labels.
3.2 The information provided should clearly identify the sample as follows:-

A Reference e.g. Job or Contract Number
Date of Sampling
Client/Customer Name
Site Name
Specific Sample Location
Analysis Requirements

3.3 All relevant data should be recorded and given in sufficient detail to allow the exact location to be readily identified, if a repeat sample is required.

4.0 SAMPLES FOR MICROBIOLOGICAL ANALYSIS

Outlets and taps used for sampling of treated water intended for microbiological analysis should be disinfected before being sampled. The disinfection of taps with Sodium Hypochlorite should be carried out has follows:-

4.1 Allow the tap to run for 2 minutes to clear standing water from the service pipe or line.
4.2 Using a wash bottle filled with 10% Microcare C18, spray the outside of the tap and inject into the inside of the tap spout.
4.3 Leave the solution on the tap for 2 – 3 minutes, to allow the chlorine to disinfect the tap.
4.4 The outside of the tap should then be rinsed with water to ensure that there is no chlorine residual left on the tap. The tap should then be turned on and the water run to waste for a sufficient period of time to ensure that all the solution is removed from the inside of the tap before taking a sample.

5.0 COLLECTING A SAMPLE (From a tap or other outlet)

5.1 Examine the area and ensure that it is free from any obvious potential contaminates.

5.2 Hold the bottle in one hand and remove the lid with the other.
5.3 Care must be taken not to touch the top of the bottle during removal or replacement of the cap.
5.4 The sample bottle should never be rinsed or emptied before filling, as this will remove any preservatives that may be contained.
5.5 Fill the bottle, leaving a small air gap, from a gentle stream of water.
5.6 Do not change or alter the flow rate as the bottle is being filled. This may cause any debris to be dislodged from the system and contaminate the sample.
5.7 Replace the lid immediately, secure and shake sample.
5.8 Samples for microbiological analysis should be kept cool, between 2 – 8°C. Use coolbags for transportation of samples. PLEASE ALLOW WARM/HOT SAMPLES TO COOL NATURALLY AND PLACE IN COOLBAG ONCE AT AMBIENT TEMPERATURE.
5.11 Advise client / security of completion of work and departure from site.
5.12 Sign out at reception and return all keys, passes etc.

6.0 COLLECTING A SAMPLE VIA SUBMERSION i.e. when sampling from bulk water supplies such as cold water cisterns, cooling tower sumps etc.

6.1 Isolate piece of plant/equipment and remove all access panels required for sample collection.
6.2 Put on disposable surgical gloves.
6.3 If taking samples from bulk water supplies ensure that sample is taken as far away from the ball valve or inlet water streams as possible.
6.4 Remove lid and place in a suitable location in the up turned position.
6.5 Tilt bottle at a 45 degree angle and submerge sample bottle as near to the top of the water surface as possible.
6.6 Once full replace the lid immediately, secure and shake the bottle.
6.7 Continue from 5.8.

7.0 RETURNING SAMPLES TO LABORATORY

7.1 Legionella Pneumophila – Samples must be forwarded to the appropriate laboratory within 48 hours of sampling.
7.2 General Bacteria Screens – Samples must be forwarded to the appropriate laboratory and tested within 24 hours of sampling.
7.3 NOTE - Samples must be returned to the designated Sample Reception Area whenever possible on the same day as sampling or overnight for collection and dispatch to the laboratory the following morning. Samples must be complete with correct labelling and the white copy of the Laboratory Analysis Request Forms (Pink Copies should go to the Sales Engineer and Yellow Copies to the Office File). If sample delivery falls outside of normal office hours the samples must be deposited in the designated sample storage box for collection and processing immediately on the following day. All samples must pass through the office for logging by the Administration Department prior to being dispatched to the appropriate laboratory.

Sample Bottle Sizing:

Analysis Suite Name	Test Parameters	Bottle/Container Required
Bacti	Total Coliforms E.Coli 37°C 2 Day TVC 22°C 3 Day TVC	350ml or 500ml Sterile
Cooling Tower TVC	30°C 2 Day TVC	350ml or 500ml Sterile
Legionella	Legionella	1,000ml Sterile
Bacti, Lead and Copper	Bacti Suite Lead Copper	1 x 350ml or 500ml Sterile 1 x 1,000ml Clean
Cat II Potability	Bacti Suite Conductivity pH Odour Turbidity Nitrite Nitrate Colour Lead Zinc Chloride Calcium Magnesium Sodium Potassium Permanganate Index Total Hardness Total Alkalinity Chlorine Total and Free	1 x 350ml or 500ml Sterile and 1 x 1,000ml Clean
Pseudomonas	Pseudomonas Species	1 x 350ml or 500ml Sterile
S. Aureas	S. Aureas	1x 350ml or 500ml Sterile
Enterococci	Enterococci	1x 350ml or 500ml Sterile
Chemical	Any Parameter	1,000ml Clean
NRB or SRB	NRB or SRB	1x 500ml Sterile
TVC only	37°C 2 Day TVC 22°C 3 Day TVC	1x 350ml or 500ml Sterile

WATER TREATMENT SERVICE VISIT

***Carry out site specific**

1. Advise client/security of arrival on site and obtain permission to carry out specified works.
2. Carry out a Trident Environmental Services site specific risk assessment (Form TES17) and ensure appropriate control measures are in place before works commence.
3. Review water analysis records since last visit.
4. Carry out water tests as required.
5. Top up dosing tanks and move chemicals (use correct personal protective equipment).
6. Check for correct operation of dosing/control equipment, advising customer on faults if not easily repaired by our engineer.
7. Discuss program performance with site engineer.
8. Provide written report.
9. Submit any bacteria samples required to laboratory for analysis.
10. Review any plant changes and advise accordingly.
11. Update water treatment site logbook as required.
12. Advise client/security of completion of work and departure from site.
13. Sign out at reception and return all keys, passes etc.

CONTROL PROCEDURES

Month	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Description												

X =TES Responsibility
⊗ = Client Responsibility

5

WATER SERVICES LOG 2015

NOATCO 26/2/15

HOT ~~Cold~~ Water Services – Temperature Checks

	ASSET	LOCATION	T M	MONTHLY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
AREA 1	CLEANERS	POU SINK		Min 50c Max ~~xxx~~ See NB-1 & NB-2	TBA	60.2			58.7			30.6			58.6	
	LOUNGE				|	57.5			57.4						55.4	
AREA 2	GENTS	WHB	?		|	60.6			40.2						41.2	
	DISABLED/GENTS	WHB			|				59.5						57.9	
	LADIES	WHB			|	41.2			40.4						56.3	
	DISABLED/LADIES	WHB			|				NO ACCESS						NO HOT 16.8	

NB-1 – Monthly checks at Sentinal Outlets and representative outlets. Maximum Temperatures at outlets less than 20°C (sustained after 2 minutes

NB-2 – Monthly (annual) checks of a representative number of outlets., The total number of outlets should be divided by 12 to enable a representative number of outlets from each system to be Checked each month.

NB-3 – Six-monthly measure of incoming cold water mains at ball valve. Plus tank water temperature away from vicinity of ball valve, preferably winter and summer months,

WATER SERVICES LOG 2015

Cold Water Services – Temperature Checks

ASSET	LOCATION			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
CLEANERS	SINK	MONTHLY	Max 20°C See NB-1 & NB-2	NO TEST	10.1			20.2			19.7			19.2	
LOUNGE	SINK				10.6			19.5						15.9	
GENTS	WHB				10.5			19.9						16.7 ~~14.2~~	
DISABLED GENTS	"							18.9						16.6 ~~14.9~~	
LADIES	"				10.2			18.4						15.8	
DISABLED LADIES	"							NO ACCESS						15.7	

NB-1 – Monthly checks at Sentinal Outlets and representative outlets. Maximum Temperatures at outlets less than 20°C (sustained after 2 minutes

NB-2 – Monthly (annual) checks of a representative number of outlets., The total number of outlets should be divided by 12 to enable a representative number of outlets from each system to be Checked each month.

NB-3 – Six-monthly measure of incoming cold water mains at ball valve. Plus tank water temperature away from vicinity of ball valve, preferably winter and summer months,

WATER SERVICES LOG 2014 CUSTOMER

Hot Water Services – Temperature Checks

	ASSET	LOCATION			JAN	FEB	MAR 24/21	APR	MAY	JUN 24/6	JUL	AUG	SEP	OCT	NOV	DEC
	TMV Pre blend	GENTS	MONTHLY	Min 50°C See NB-1 & NB-2	42.8		42.5		43.3	41.7	41.2				42	
AREA 1.	TMV Pre blend	DISABLED MGENTS					59.7		—	56.6	52.5			—	—	
	TMV Pre blend	LADIES			14.6		38.4		53.5	53.4	48.1				41	
	TMV Pre blend	DISABLED W LADIES							—	25.6	28.1			—	—	
	TMV Pre blend															
	TMV Pre blend	CLEANERS			52.4		52.5		52.3	23.4 / 53.6	58.1				59	
AREA 2	TMV Pre blend	LOUNGE			51.2		52.0		50.7	24.9 / 53.5	54.9.				59	
	TMV Pre blend															
			MONTHLY	Min 50°C See NB-1 & NB-2												

NB-1 – Monthly checks at Sentinel Outlets Minimum Temperature at outlets > 50°C (sustained) after 1 minute
NB-2 – Monthly (annual) checks of a representative number of outlets., The total number of outlets should be divided by 12 to enable a representative number of outlets from each system to be Checked each month.
NB-3 – Monthly measure water leaving and returning to the calorifier (out at 60°C, back at 50°C)

Cold Water Services – Temperature Checks

ASSET	LOCATION			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	GENTS	MONTHLY	Max 20°C See NB-1 & NB-2	11.5		14.7		16.4	20.5	20.9				17	
	DISABLED(inGENTS)					13.9		+	20.6	20.8				–	
	LADIES			11.2		13.4		16.6	20.8	20.6				17	
	DISABLED(inLADIES)			–	–	–		–	20.2	20.7				–	
	CLEANERS			14.6		15.6		16.9	21.8	21.0				18	
	LOUNGE			15.0		14.9		16.8	21.8	22.3				17	

NB-1 – Monthly checks at Sentinal Outlets and repreeentative outlets. Maximum Temperaturee at outlets less than 20°C (sustained after 2 minutes
NB-2 – Monthly (annual) checks of a repreeentative number of outlets., The total number of outlets should be divided by 12 to enable a repreeentative number of outlets from each system to be
Checked each month.
NB-3 – Six-monthly meaeure of incoming cold water mains at ball valve. Plue tank water temperature away from vicinity of ball valve, preferably winter and aummer monthe,

Cold Water Services – Temperature Checks

ASSET	LOCATION			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		MONTHLY	Max 20°C See NB-1 & NB-2												

NB-1 – Monthly checks at Sentinal Outlets and representative outlets. Maximum Temperatures at outlets less than 20°C (sustained after 2 minutes

NB-2 – Monthly (annual) checks of a representative number of outlets., The total number of outlets should be divided by 12 to enable a representative number of outlets from each system to be Checked each month.

NB-3 – Six-monthly measure of incoming cold water mains at ball valve. Plus tank water temperature away from vicinity of ball valve, preferably winter and summer months.

WATER SERVICES LOG 2013

Cold Water Services – Temperature Checks

ASSET	LOCATION			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Sentinal Nearest		MONTHLY	Max 20° C See NB-1 & NB-2												
Sentinal Furthest															
Sentinal Nearest															
Sentinal Furthest															
Sentinal Nearest															
Sentinal Furthest															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															

NB-1 – Monthly checks at Sentinal Outlets and representative outlets. Maximum Temperatures at outlets less than 20°C (sustained after 2 minutes

NB-2 – Monthly (annual) checks of a representative number of outlets., The total number of outlets should be divided by 12 to enable a representative number of outlets from each system to be Checked each month.

NB-3 – Six-monthly measure of incoming cold water mains at ball valve. Plus tank water temperature away from vicinity of ball valve, preferably winter and summer months.

WATER SERVICES LOG 2013

Hot Water Services – Temperature Checks

OUTLET REF	COMMENTS			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Sentinal Nearest		MONTHLY	Min 50°C See NB-1 & NB-2												
Sentinal Furthest															
Sentinal Nearest															
Sentinal Furthest															
Sentinal Nearest															
Sentinal Furthest															
Sentinal Nearest															
Sentinal Furthest															
Calorifier 1 - Flow		MONTHLY	Out 60°C Back 50°C See NB-3												
Calorifier 2 - Flow															
Calorifier 3- Flow															
Calorifier 4 - Flow															
Calorifer 1 - Return															
Calorifier 2 - Return															
Calorifer 3 - Return															
Calorifer 4 - Return															

NB-1 – Monthly checks at Sentinal Outlets Minimum Temperature at outlets > 50°C (sustained) after 1 minute

NB-2 – Monthly (annual) checks of a representative number of outlets., The total number of outlets should be divided by 12 to enable a representative number of outlets from each system to be Checked each month.

NB-3 – Monthly measure water leaving and returning to the calorifier (out at 60°C, back at 50°C)

WATER SERVICES LOG 2013

Hot Water Services – Temperature Checks

ASSET	LOCATION			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
TMV Pre blend		MONTHLY	Min 50°C See NB-1 & NB-2												
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
TMV Pre blend															
		MONTHLY	Min 50°C See NB-1 & NB-2												

NB-1 – Monthly checks at Sentinal Outlets Minimum Temperature at outlets > 50°C (sustained) after 1 minute
NB-2 – Monthly (annual) checks of a representative number of outlets., The total number of outlets should be divided by 12 to enable a representative number of outlets from each system to be Checked each month.
NB-3 – Monthly measure water leaving and returning to the calorifier (out at 60°C, back at 50°C)

WATER SERVICES LOG 2013

Defects Log

Any defect from the control parameters should be listed below and bought to the attention of the responsible person. Once the defect is completed, the person remedying the defect should sign and date. The responsible person should sign to confirm that the works have been completed.

Date	System	Defect	Noted by	Action allocated to
Action taken:				
Action completed by	Date	Further action required	Responsible person signature	Date

Date	System	Defect	Noted by	Action allocated to
Action taken:				
Action completed by	Date	Further action required	Responsible person signature	Date

Date	System	Defect	Noted by	Action allocated to
Action taken:				
Action completed by	Date	Further action required	Responsible person signature	Date

WATER SERVICES LOG 2013

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

WATER SERVICES LOG 2013

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

WATER SERVICES LOG 2013

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

WATER SERVICES LOG 2013

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

Date	System	Defect	Noted by	Action allocated to

Action taken:

Action completed by	Date	Further action required	Responsible person signature	Date

WATER SERVICES LOG 2013

WEEKLY FLUSHING LOW USE OUTLETS

Please fill in the appropriate sections every time that a task is completed in this logbook.

Outlet reference	Duration of flush - minutes	Works completed by – engineers name PRINT	Sign	Date

Shower Head Cleaning Record

Location of Shower	Tank/Mains fed	Dismantled	Cleaned	Disinfected	Engineers (Signature)	Date of works	Comments	Date of Last Independent Bacteria Check

BrodexTrident
COMPLIANCE SERVICES

Unit 16, Darwell Park, Mica Close,
Amington Industrial Estate, Tamworth,
Staffordshire B77 4DR
t: **0844 335 6607**
e: info@brodextrident.com
w: www.brodextrident.com

SERVICE REPORT

CLIENT: GBRE DATE: 14/5/18

SITE ADDRESS: TK Maxx
St Mary's Axe
London, EC3A 8AA

JOB/CONTRACT NO: N368-397

May

Quartedly temps in accordance with L8 rev 4:

	H	C	Pa
Staff Room	19°c	16°c	-
Cleaners room	17°c	16°c	-
Gents	26°c	17°c	-
Ladies	24°c	17°c	-

* 1 x Lp sample taken from cleaners sluice *

° Faulty water heater = fuse replaced + still no power °

Customer Signature: T. Vell

Print Name: Thomas

Trident Signature:

Print Name:

Date: 14/5/18 Time on site: 9.05 Time off site: 9.25

Distribution: White Copy - Office File Yellow Copy - Site Logbook

Form Ref: TES 19

Unit 16, Darwell Park
Mica Close
Amington Industrial Estate
Tamworth
Staffordshire B77 4DR

t: 0844 335 6607
f: 0844 576 3415
e:info@trident-environmental.co.uk

Trident
environmental services
www.trident-environmental.co.uk

SERVICE REPORT

CLIENT: Cbre DATE: 6-11-17

SITE ADDRESS: Thmaxx, St mary's axe, London EC3A 8AA JOB/CONTRACT NO:

Quarterly temperature checks in accordance with L8 rev 4

		H	C	Pre
Cleaners	Pod	58.7°C	16.9°C	
Staff room		56.1°C	17.3°C	
gents		*45.5°C	16.3°C	
ladies		60°C	15.8°C	

*Possible Lmv

All other temps are Fine

Customer Signature: _____ Trident Signature: _____

Print Name: Karen Ashman Print Name: Andy Bro...

Date: _____ Time on site: 10.20

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SERVICE REPORT

CLIENT: Cbre DATE: 22-8-17

SITE ADDRESS: TK maxx, St mary's Axe, London JOB/CONTRACT NO:

Quarterly temperature checks in accordance with LB rev 4

	H	C	
gents	41.7°C	20°C	tmv boxed
ladies	52°C	20°C	—
Disabled	52°C	20°C	—
Cleaners	no access		
staff room	55.5°C	20°C	—

All temps are fine

Customer Signature: T Anderson Trident Signature: A —

Print Name: Tamue Print Name: Andy Brain

Date: Time on site: 10.27

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SERVICE REPORT

CLIENT: crbe DATE: 27-6-17

SITE ADDRESS: Tkmaxx, st mary's Axe, london EC3A8AA JOB/CONTRACT NO:

monthly temperature checks in accordance with L8 rev 4

	H	C	Pre
gents	39.6°c	19.2°c	tmv boxed
ladies	57.9°c	19.2°c	
cleaners Pou	58.9°c	19.2°c	
staff room	55.5°c	19.4°c	

All temps are fine

Customer Signature: T.Rell Trident Signature: A L

Print Name: THOMAS Print Name: Andy brain

Date: Time on site: 11.45

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SERVICE REPORT

CLIENT: TK maxx DATE: 22/11/16

SITE ADDRESS: TK - ST. Marys axo. JOB/CONTRACT NO: N368-397

I have attended site to carry out temperature monitoring to 18 + 115G 274.

	Hot	Cold	Pre-Thv
Staff Canteen	57.4	13.2	—
male Toilet	55.8	13.2	—
female Toilet	55.5	12.8	—
Disabled Toilet	(Part of male)		
Cleaners Sink.	59.2	13.2	—

Customer Signature: _____ Trident Signature: _____

Print Name: A. Holenková Print Name: Adam Anosov

Date: 22/11/16 Time on site: 09.40

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SERVICE REPORT

CLIENT: NORLAND MANAGED SERVICES DATE:

SITE ADDRESS: ST MARYS AXE JOB/CONTRACT NO:
LONDON
EC3A 8AA

ATTENDED ON SITE TO CARRY OUT TEMPERATURE CHECKS IN ACCORDANCE WITH L8 REGULATION 4 AND HSG 274

LOCATION	HWS (°)	CWS (°)
MALE TOILET	54.9	19.9
FEMALE TOILET	54.7	19.8
DISABLED U/C	* 23.2	19.4
STAFF CANTEEN	57.4	19.8
CLEANERS CUPBOARD	59.7	19.9

* TEMPERATURE LOW SHOULD BE 50-60°C NOTMV AND 38°C - 43°C WITH TMV CANNOT BE SURE IF TMV IS PRESENT. ALSO CANNOT LOCATE HOT WATER SOURCE FURTHER ACTION REQUIRED

ALL OTHER TEMPERATURES WITHIN GUIDELINES

Customer Signature: _____ Trident Signature: _____

Print Name: Tamme Anders Print Name: A. [illegible]

Date: 15/6/16 Time on site: 13:05 OFF SITE 13:25

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SERVICE REPORT

CLIENT: Norland

DATE: 31/5/16

SITE ADDRESS: Tk Maxx
St Mary's Axe
EC3A 8AA

JOB/CONTRACT NO: N368-397

Quarterly temps in accordance with L8 rev 4 :

	H	C	Pe
Gents -	43°c	17°c	tmv ?
Ladies -	59°c	18°c	—
Staff Room -	59°c	18°c	—
p.o.u Cleaners -	60°c	18°c	—

• All temps are in accordance with L8 rev 4 •

Customer Signature: _____

Print Name: [illegible] FISHER

Trident Signature: _____

Print Name: _____

Date: 31/5/16

Time on site: 9.00

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SERVICE REPORT

CLIENT: Norland Managed Services DATE: 3/2/16

SITE ADDRESS: St Mary's Axe, London EC3M 8AA JOB/CONTRACT NO:

15-17 Long Acre, Covent Garden, WC2E 9LH

Hot Cold Pre Inv

Temperatures monitored in accordance with 18 rev 4

male wc	40H	15C°	Pre Inv.
Gents	50	16	—
Ladies	57	16	40 (—
Ladies/disabled	~~57~~	16	—
Cleaners	58	16	—
mens disab	57	16	—

Staff room taken in accordance with 18 rev 4

* disabled PSU is turned off, NO Access

NO Thermometer found on site.

adjusted Ladies wet outlet to 50°

Customer Signature: _____ Trident Signature: _____

Print Name: Tamara Anderson Print Name: Adam Middleton

Date: 3/2/16 Time on site: 10.55. Time off site: _____

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SERVICE REPORT

CLIENT: NORLAND DATE: 18/11/15

SITE ADDRESS: TK. ST MARY AXE JOB/CONTRACT NO: N368-397

33 St Mary Axe
London EC3A 8AA

Test Comply LG Reg 4 HSG274
and Norland Instructions
November PPM

WATER TEMPERATURES		HOT	COLD
CLEANERS (NEAR SEATING)	POU	58.6	19.2.
LOUNGE (NEAR SEATING)	-"-	55.4	15.9.
TOILETS:			
GENTS WHB.	(POU 10 ltr) NEAR SEATING (B)	41.2 (TMV)?	16.2
" DISABLED.	-"- NEAR SEATING	57.9.	16.6
LADIES WHB		56.3	15.8
" DISABLED	(A)	16.8 (NO HOT WATER)	15.7.

(REMEDIAL REPAIR)

(A) NO HOT WATER REQUIRES INVESTIGATION - LOCATION NOT SUPPLY NOT KNOWN

(B) SUSPECT TMV - NOT VISIBLE = UNLESS ON SEPARATE HOT WATER SUPPLY THEN DISABLED WC. PRV - TESTED AND FUNCTION CORRECTLY WHERE ACCESSIBLE

(NO SCHEMATIC OR RISK ASSESSMENT DETAILS AVAILABLE TO IDENTIFY SERVICES)

Customer Signature: _____ Trident Signature: _____

Print Name: BELEVILLE FIDELE Print Name: C EDWARDS

Date: 18/11/15 Time on site: 9.20 Time off site: 10.00

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SERVICE REPORT

CLIENT: Norland Managed Services DATE: 18th August 2015

SITE ADDRESS: The Gherkin, St mary's Axe JOB/CONTRACT NO:

33 St mary's Axe London, EC3A 8AA

Water checks

Location	hot °C	Pretmv °C	Cold °C
Cleaners	(A) 306	/	197
Lounge	(A) 297	/	191
Gents	(B) 189	/	186
ladies	(B) 187	/	190

The Pressure relief Valve is working fine on all three Sowh's

(A) low hot water temperature, should be 50°C - 60°C, have adjusted the thermostat on the Sowh to increase the outlet temperature at these locations.

(B) No power to the local Sowh, requires remedial attention.

Customer Signature: [signature] Trident Signature: [signature]

Print Name: Jamie Andrew Print Name: John Midgley

Date: 18/08/15 Time on site: 1035 Time off site: 1105

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SERVICE REPORT

CLIENT: NOLLANS DATE: 16/5/15

SITE ADDRESS: TK MAXX JOB/CONTRACT NO:

ST MARY AXE, LONDON, EC3A 8AA.

TEMPERATURES TAKEN	TMV HOT	COLD
CLEANERS ROOM SINK (FLOOR LEVEL)	58.7°C	20.2°C
COUNTER KITCHEN SINK	57.4°C	19.5°C
MALE TOILET SINK (TMV BOKODIN)	40.2°C	19.9°C
MALE DISABLED TOILET SINK	59.5°C	18.9°C
FEMALE TOILET SINK (TMV BOKODIN)	40.4°C	18.9
FEMALE TOILET DISABLED SINK	NO ACCESS	

PASSIVE VALVES WORKING FINE IN CLEANERS ROOM FLOOR.
FLUSHING OF COLD TAPS NOT DONE DUE TO COLD WATER TEMPERATURES A BIT HIGH.

Customer Signature: [signature] Trident Signature: [signature]

Print Name: Tanya Print Name: GRAHAM

Date: 16/5/15 Time on site: 1200 Time off site: 1230

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SERVICE REPORT

CLIENT: NORLAND. DATE: 26/2/15

SITE ADDRESS: TK MAXX JOB/CONTRACT NO:

33, ST MARY AXE
LONDON EC3A 8AA

TEST COMPLY L8 REG 4 HSG 274
AND NORLANDS INSTRUCTIONS

NV: TMV NOT VISIBLE

WATER TEMPERATURES	HOT	TMV	COLD
CLEANERS POU	60.2	—	10.1
LOUNGE. POU SHARED	57.5	—	10.6
POU 1ST: GENTS WC	50.6	? NV	10.5.
LADIES WC x	41.2	NV?	10.2

* POU 1ST FLOOR STORE STAT NO ACCESSIBLE

NEW LOG SHEETS IN LOG BOOK FOR 2015
PRESSURE RELIEF CLEANERS TESTED OK
" " GENTS " OK

Customer Signature: _____ Trident Signature: _____

Print Name: _____ Print Name: C EDWARDS

Date: 26/2/15. Time on site: 11.40 Time off site: 12.25

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SERVICE REPORT

CLIENT: Norland DATE: 15/11/14

SITE ADDRESS: Tk Maxx JOB/CONTRACT NO: N368-397
St Mary's Axe
EC3A 8AA

Nov

Monthly temps in accordance with L8 rev 4:

	H	C	Pre
Gents -	42°c	17°c	• boxed in Inv •
Ladies -	41°c	17°c	• boxed in Inv •
Cleaners p.o.u -	59°c	18°c	—
Staff room -	59°c	17°c	—

• All temps are in accordance with ~~Acop~~ L8 rev 4 •

Customer Signature: A Lucas Print Name: Tonya

Trident Signature: M MALECKI Print Name:

Date: 15/11/14 Time on site: 11.05 Time off site: 11.20

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SERVICE REPORT

CLIENT: VINCI DATE: 31/7/14

SITE ADDRESS: TK MAXX 33ST MARY'S AXE LONDON JOB/CONTRACT NO:
EC3A 8AA

TEMPERATURES TAKEN.	TMV	HOT WATER
MALE TOILET SINK R/H	41.2°C	20.9°C
DISABLED TOILET SINK	52.5°C	20.8°C
FEMALE TOILET SINK R/H	48.1°C	20.6°C
DISABLED TOILET SINK	28.1°C	20.7°C
LOUNGE KITCHEN SINK	54.9°C	21.0°C
CLOTHINGS ROOM	58.1°C	22.3°C

TEMPERATURES ARE COOL IS SOME AREA'S, POU HAD BEEN PUT DOWN IN TEMPERATURE AND HAD TO PUT UP BACK TO 60°C. POU TEMPERATURE WAS 47.3°C.

Customer Signature: [signature] Trident Signature: [signature]

Print Name: ROBERT ISAACS Print Name: G CARTER

Date: 31/7/14 Time on site: 1000 Time off site:

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SERVICE REPORT

CLIENT: DAVINCI DATE: 26/6/14

SITE ADDRESS: TK MAXX JOB/CONTRACT NO: N368-397
ST MARY AXE
LONDON EC3A 8AA

MONTHLY WATER TEMPERATURE TEST		HOT	COLD
SAME HEATER (LOUNGE	(A) *	23.4	21.8
MULTIPOINT 30 (CLEANERS	(A) x	24.9	21.4
30 ltr.)			
LADIES WMB		53.4	20.8
" DISABLED	(B)	25.6	20.2
GENTS.		41.7	20.5
" DISABLED		56.6	20.6

(A) HOT TEMP LOW = (SEE PAGE 2.) DUE TO HW HEATER SWITCHED OFF = TURNED ON WAITED TO REHEAT. TO:
X. LOUNGE: 53.5
CLEANER: 53.6

(B) HOT WATER TEMP LOW BELOW MINIMUM 50° (NON THV)

(TEST IN ACCORD ACOP L8)

Customer Signature: _____ Trident Signature: _____

Print Name: MICHAEL PUSEY Print Name: C EDWARDS

Date: 26/6/14 Time on site: 10.15. Time off site: 10.55.

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SERVICE REPORT

CLIENT: VINCI DATE: 26/6/14

SITE ADDRESS: TK MAXX JOB/CONTRACT NO: N368-397

ST MARY AXE PPM JUNE

LONDON EC3A 8AA

FAULT ON SITE:

NO HOT WATER IN LOUNGE/CLEANERS (OFF SAME HW HEATER)
LOUNGE: 23.4 CLEANERS 24.9.
FOUND SWITCHED "off" ON WALL SWITCH. (30ltr MULTIPOINT)

TURNED BACK ON AND WAITED TO RE-HEAT.
FOR PERIOD of 20 MINUTES.

RE-CHECKED TEMPERATURE LEFT AT: 53°

Customer Signature: _____ Trident Signature: _____

Print Name: MICHAEL RUSSELL Print Name: C EDWARDS

Date: 26/6/14 Time on site: 10.15 Time off site: 10.55

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SERVICE REPORT

CLIENT: JINCI DATE: 30/5/14

SITE ADDRESS: TG-33 ST MARY'S AXE, LONDON JOB/CONTRACT NO:
EC3A 8AA.

MONTHLY WATOR INSPECTION HAS COMPLETED

		HOT	COLD
FEMALE TOILETS	R/H SINK	53.5°C	16.6°C
	L/H SINK	43.3°C	16.4°C
MALE TOILETS		50.7°C	16.8°C
LOUNGE			
CLEANERS ROOM	POU	52.3°C	16.9°C

POU'S NEED TO BE RESET AT 60°C

Customer Signature: _____ Trident Signature: _____

Print Name: _____ Print Name: _____

Date: 30/5/14 Time on site: 1640 Time off site: _____

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SERVICE REPORT

CLIENT: VINCI FM

DATE: 14.4.14

SITE ADDRESS: TK MAXX
33. ST MARY'S AXE
LONDON
EC3A 8AA

JOB/CONTRACT NO:

WATER TEMP CHECKS IN ACCORDANCE WITH ACOP L8

	HWS	CWS
LADIES	56.8	11.3
GENTS	56.6	11.4
CANTEEN	51.4	11.0
CLEANER'S	51.6	11.6

ALL TEMPS ARE WITHIN GUIDLINES

Customer Signature: _____ Trident Signature: P BIBB

Print Name: _____ Print Name: _____

Date: 14.4.14 Time on site: 11.00 Time off site: _____

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SERVICE REPORT

CLIENT: VINCI FM DATE: 14.4.14

SITE ADDRESS: TK MAXX JOB/CONTRACT NO:
33 ST MARYS AXE
LONDON
EC3A 8AA

ATTENDED TO REPAIR LOW VOLUME WATER HEATER LOCATED BEHIND A PANEL IN THE LADIES TOILET RESET THERMOSTAT POWER NOW AT THE WATER HEATER ALL WORKS COMPLETE

Customer Signature: _____ Trident Signature: _____

Print Name: _____ Print Name: _____

Date: 14.4.14 Time on site: 11.00 Time off site: _____

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SERVICE REPORT

CLIENT: VINCI DATE: 20/3/14

SITE ADDRESS: TK MAXX JOB/CONTRACT NO: N368-397
ST MARY AXE PPM MARCH
EC3A 8AA

MONTHLY WATER TEMPERATURES		HOT	COLD
CLEANERS		52.5	15.6
LOUNGE		52.0	14.9.
LADIES	(A) *	38.4	13.4.
GENTS	*	42.5.	13.9
DISABLED GENTS		59.7	13.9.

* HOT SHOULD BE 50-60° (NOT SURE IF TMV INSTALLED?)
UNABLE TO LOCATE HOT WATER SUPPLY FOR AREA.
(A) LADIES HW OUTLET = CAME OUT HOT WHEN TURNED ON TH ON TEMP DROPPED??

TEST IN ACCORD ACOPS

Customer Signature: [signature] Trident Signature: [signature]
Print Name: M PUSEY Print Name: C EDWARDS

Date: 20/3/14 Time on site: 09.40 Time off site: 10.05

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SERVICE REPORT

CLIENT: VINCI DATE: 19/7/14

SITE ADDRESS: TK MAXX JOB/CONTRACT NO: N368-397

ST MARY'S AXE
LONDON
EC3A 8AA

ISSUE OF NEW LOG BOOK TO SITE MANAGER.
ADVISED TO BE KEPT IN SAFE PLACE

Customer Signature: [signature] Trident Signature: [signature]

Print Name: ALICJA MACIECKA Print Name: C EDWARDS

Date: 19/7/14 Time on site: 9.35 Time off site: 10.05

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SERVICE REPORT

CLIENT: VINCI DATE: 19/2/14

SITE ADDRESS: TK MAXX JOB/CONTRACT NO: N368-397

ST MARY'S AXE PPM FEBRUARY.

LONDON

EC3A 8AA

MONTHLY WATER TEMPERATURES

		HOT	COLD
GENTS	(A)	42·8	11·5
LADIES	(A)	14·6	11·2
LOUNGE		51·2	15·0
CLEANERS		52·4	14·6

(A) HOT SHOULD BE 50-60°C UNABLE TO LOCATE HOT WATER SUPPLY FOR THIS AREA

TEST IN ACCORD ACOPL8

Customer Signature: [signature] Trident Signature: [signature]

Print Name: ALICJA LEALECKA Print Name: C EDWARDS

Date: 19/2/14 Time on site: 9.35 Time off site: 10.05

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(D) 1 OF 1

SERVICE REPORT

CLIENT: VINCI DATE: 10/1/14

SITE ADDRESS: JOB/CONTRACT NO:

TK MAXX
SAINT MARY AXE
EC3A 8AA.

PPM JANUARY

MONTHLY WATER TEST

TAP:	BASEMENT			HOT	COLD
SINGLES	AREA 1	CLEANERS	(A) *	48·8	12·2
MIXER	"	STAFF LOUNGE	(A) *	47·4	11·7
MIXER	AREA 2	GENTS STAFF	(B) *	41·0	11·4
"	"	LADIES STAFF	(B) *	14·0	11·4

(INFORMED HW HEATER LADIES IS FAULTY VINCI AWARE)

(A) * HOT SHOULD BE 50-60°C = ADJUSTED TANK STAT AS ~~BURNING~~ BEEN TURNED DOWN. SET TO MARK (CHECK NEXT VISIT) TEMP NOW 51·0°C

(B) * HOT SHOULD BE 50-60°C = UNABLE TO LOCATE HW HEATER TO ADJUST ON THIS VISIT

(NO LOG BOOK ON SITE = REQUIRED ASAP) *

~~YELLOW LEGIONELLA FILES~~ STAFFER ELEMENTS PPM'S

TEST IN ACCORD PROP L8

Customer Signature: A. Phillips Trident Signature: Edwards

Print Name: A. PHILLIPS. Print Name: C EDWARDS

Date: 10/1/14 Time on site: 10.40 Time off site: 11.05

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SERVICE REPORT

CLIENT: VINCI DATE: 5/12/13

SITE ADDRESS: JOB/CONTRACT NO:

TK MAXX
ST MARY'S AXE
LONDON

DECEMBER PPM

MONTHLY SERVICE VISIT.

	LOCATION	HOT	COLD
SINGLES	CLEANERS (HOT WATER TANK) 30LTR	36.0 *	12.5.
	" - STAT TURNED UP 2N RUNNING	47.0 (TEMPERATURE)	
MIXER	LOUNGE	35.1 *	12.4
MIXER	LADIES STAFF	(A) 17.4.	12.2
	GENTS STAFF	(B) 71.2	12.4.

* HOT SHOULD BE 50-60° = TANK STAT HAD BEEN TURNED DOWN LOW TURNED STAT UP TEMP INCREASED TO 47°C TO BE (BUT WATER WAS BEING DRAINED) DID NOT TURN UP TO HIGH TO AVOID OVER TEMP. (CHASING TANK TO KEEP COOLING) TO BE CHECKED NEXT VISIT.

(A) HOT SHOULD BE 50-60° = FAULT WITH WATER HEATER (REPORTED BY MANAGER)

(B) " " " " RISK A SEALONS (MANAGER HAS REPORTED FAULTS TO VINCI = NO ACTION TO DATE (HITS RISK) TEST IN ACCORD ACCRDS

(NO LOG BOOK ON SITE) BOTH COPIES SENT TO OFFICE)

Customer Signature: Ewa Przytula Trident Signature: C Edwards

Print Name: EWA PRZYTULA Print Name: C EDWARDS

Date: 05-DEC-2013 Time on site: 10.30 Time off site: 10.50

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Unit 1, Mercian Park
Felspar Road
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Tamworth
Staffordshire B77 4DP
t: **0844 335 6607**
f: **0844 576 3415**
e: info@trident-environmental.co.uk

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www.trident-environmental.co.uk

SERVICE REPORT

CLIENT: VINCI

DATE: 14/11/13

SITE ADDRESS:

TK MAXX
St MARY AXE

JOB/CONTRACT NO:

NOVEMBER PPM.

MONTHLY SERVICE VISIT

TAPS	LOCATION		HOT	COLD
SINGLES	CLEANERS		56.2	15.5.
(DISABLED INCLUDED.)	– GENTS MIXER	**	68.3	15.6
MIXER	LADIES	*	19.0	15.6
	LOUNGE		54.0	16.3.
	DISABLED (IN LADIES)	*	26.5.	15.7.

(HWT. x 1 LOCATED IN CLEANERS ROOM. MULTIPOINT 30)

* NO HOT WATER. HAS BEEN REPORTED - ENGINEER HAS VISITED ELECTRICAL FAULT TO BE REPAIRED.

** HOT: SCALDING RISK ABOVE 50-60°C REQUIREMENT

TEST IN ACCORD ACOP L8 (NO LOG BOOK ON SITE)

Customer Signature: _____ Trident Signature: _____

Print Name: _____ Print Name: C EDWARDS

Date: 14/11/13 Time on site: 10.05 Time off site: 10.30

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SERVICE REPORT

CLIENT: Vinci / Tkmaxx. DATE: 20/09/13.

SITE ADDRESS: 33 St Mary Axe. London EC3A 8AA JOB/CONTRACT NO:

Monthly Service Visit.

Location	hot°c	Cold°c
Cleaners Room	54.7.	20.0.
Lounge.	53.9.	17.8
Gents	(A) 70.2	17.9
Ladies	(B) 22.0	17.8

(A) SCALD RISK – hot water should be 50-60°c

(B) Low hot wate, should be 50-60°c

Ladies – water heater behind 2nd toilet, loose electrical connection, please contact Vinci electrician.
Gents – wate heate behind disabled toilet, No power to heate, yet 70°c outlet???

Customer Signature: [signature] Trident Signature: [signature]

Print Name: Kelli O'Shea Print Name: John McNgate

Date: 20/09/13 Time on site: 1100. Time off site: 1155

Unit 1, Mercian Park
Felspar Road
Amington Industrial Estate
Tamworth
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www.trident-environmental.co.uk

SERVICE REPORT

CLIENT: Vinci/tkmaxx DATE: 24/10/13

SITE ADDRESS: 33 St Marys Axe London EC3A 8AA JOB/CONTRACT NO:

monthly Service visit.

Location	hot °c	Cold °c
Cleaners Room	55.7.	19.6.
Gents	(B) 67.3	19.5.
Ladies	(A) 22.0	19.1
Lounge.	56.8	18.7.

Log book will be delivered by Clive Edwards on November visit

(A). NO hot water, should be 50-60°c.
(B) Caution Scald Risk, should be 50-60°c

Customer Signature: [signature] Trident Signature: [signature]

Print Name: Darren Martin Print Name: John Millgate

Date: 24/10/13 Time on site: 1250 Time off site: 1315.

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BrodexTrident
COMPLIANCE SERVICES

Unit 16, Darwell Park, Mica Close,
Amington Industrial Estate, Tamworth,
Staffordshire B77 4DR
t: **0844 335 6607**
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w: www.brodextrident.com

SERVICE REPORT

CLIENT: CBRE DATE: 22/3/18

SITE ADDRESS: TK - ST MARYS AXE JOB/CONTRACT NO:

33 ST MARYS AXE, LONDON
EC3A 8AA

ATTENDED ON SITE TO CARRY OUT TEMPERATURE CHECKS IN ACCORDANCE WITH L8 REVISION 4 AND HSG 274

LOCATION		HWS(C°)	CWS(C°)
CANTEEN	(SD)	62.8	13.2
CLEANERS	(SD)	64.0	13.0
MALEWC ~~TMV~~	*	42.2	12.7
FEMALE WC		58.6	12.2

(SD) - SCALD RISK TEMPERATURE SHOULD BE ~~50°C~~ 60°C HOWEVER ADJUSTED DOWN RECHECK NEXT VISIT

* - TEMPERATURE LOW SHOULD BE 50°C - 60°C INVESTIGATION REQUIRED

ALL OTHER TEMPERATURES HAVE PASSED

Customer Signature: _____ Trident Signature: _____

Print Name: _____ Print Name: A. WEBB

Date: 22/3/18 Time on site: 14.50 Time off site: 15.05