

RMPG19 – WATER SAFETY MANAGEMENT PROCEDURE - APPENDIX 1

NOTIFICATION OF CLOSURE SPECIFICATION AND PRO-FORMA:

Legionellosis Management And Control PPM Programme			
Process No.:	2	Advice Note:	P-LEG 02
Task:	NOTIFICATION OF CLOSURE		
<p>When major changes to the domestic water are planned in this area as part of system modifications, alterations and/or refurbishments, the Authorised Person and head of Capital Planning shall ensure that the site installation and commissioning procedures are addressed. These shall include all relevant sections as described in BS8558 and HTM 04-01.</p> <p>During the temporary closure of areas, where no major modifications, alterations and/or refurbishments are planned, a procedure for flushing hot and cold water systems shall be instituted. This shall include for opening all taps and WC cisterns etc. for a period of 2 minutes twice-weekly. Alternatively when this is impractical, the system can be disconnected and the procedure recommended for new installations may be carried out immediately prior to re-occupation. All area closures and planned re-opening dates if known shall be notified to the Authorised Person by the Departmental Manager and/or Project Manager.</p> <p>Note: It is the responsibility of the Authorised Person to ensure that actions are taken and a completed copy of this form is sent to the Ward/Area Manager and a copy retained within Estates.</p>			

Section proposed closure:

Is all of the Section proposed for closure? Yes No

If No, specify:

Date for proposed closure:

Period of proposed closure:

Reason for proposed closure:

Are major modifications, alterations and/or refurbishments planned? Yes No

If Yes, Project Manager/SO:

Will the use of the Section change following re-opening? Yes No

If Yes, specify:

Project Manager/occupier:

Date:

Signature:

SAMPLE - DO NOT USE

This section to be completed by the Authorised Person

Form received by:

Date:

Does this Section need to be included in a "Flushing"
Program?

Yes

No

If Yes, has Section been included in "Flushing"
Program?

Yes

No

If Yes, start date:

Person/Organisation responsible for flushing:

Signature of Person/Organisation representative

Name:

:

Signed:

Date:

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