

**HAND-OVER PROTOCOL FOR NEW BUILD AND REFURBISHMENTS AND PERMIT TO OPEN SECTION/AREA PROCESS SPECIFICATION AND PRO-FORMA:**

<b>Legionellosis Management and Control PPM Programme</b>	
Task:	HAND-OVER PROTOCOL FOR NEW BUILD AND REFURBISHMENTS AND PERMIT TO OPEN SECTION/AREA
Section/Area:	
<b>10 DAYS PRIOR TO SECTION/AREA RE-OPENING</b>	
<p>THIS FORM IS TO BE COMEPLTED BY EPUT PROJECT MANAGERS</p> <ol style="list-style-type: none"> <li>i. Where applicable, the commissioning data in must be received from installer and a copy provided to the Authorised Person.</li> <li>ii. Shower heads shall be cleaned and disinfected (Project Managers responsibility to demonstrate to Authorised Person).</li> <li>iii. Blender valves shall be cleaned and disinfected (Project Managers responsibility to demonstrate Authorised Person).</li> <li>iv. System must be cleaned and disinfected. If occupation of all areas is not within 24 hours from the disinfection process, all outlets, including WC, urinals and other appliances (including provision points for appliances) must be flushed for at least two minutes on a daily basis full until occupation (Project Managers responsibility).</li> <li>v. Disinfection certificates and flushing records must be received from installer and a copy provided to the Authorised Person.</li> <li>vi. Failure to achieve 50°C return temperature shall be reported to the Authorised Person (Project Managers responsibility).</li> <li>vii. Cold water temperature recorded shall be &lt;20°C (Project Manager/SO responsibility to demonstrate to Authorised Person).</li> <li>viii. Failure to achieve 50°C return temperature shall be reported to the Authorised Person (Project Managers responsibility).</li> <li>ix. Water samples shall have been taken for microbiological analysis (<i>Legionella sp.</i>, TVCC <i>E.coli</i>, <i>Pseudomonas spp.</i>). Samples must not be taken within 48hrs from the last disinfection process. <b>Note:</b> Acceptable results of these (at least “presumptive” for <i>Legionella sp.</i>) must be received before opening the ward/area</li> <li>x. Failure to achieve acceptable results must be reported to the Authorised Person (Project Managers responsibility) and discussed with the Consultant Microbiologist</li> </ol>	

AT HAND-OVER				
No	DESCRIPTION	YES	NO	N/A
1	Is the Section/Area complete?			
2	Is the domestic water installation complete?			
3	Is HEVAC installation complete?			
4	Has all the commissioning data been received?			
5	Have all material and fittings WRAS certificates been received?			
6	Has the installation been surveyed and Risk Assessed?			
7	If Yes, have any faults/short-falls been identified?			
8	If Yes, have all these faults been rectified?			
9	Has the system been suitably cleaned and disinfected?			
10	If Yes, When?	Date:		
11	If Yes, have the disinfection certificates been received?			
12	Have bacteriological samples been taken following disinfection?			
13	If Yes, any positive results obtained? If Yes, please provide sample results.			
14	Has the system been flushed Daily since disinfection?			
15	If Yes, have flushing records been received?			
16	Are there any flexible hoses fitted?			
17	Is the installation of flexible hoses acceptable?			

**This section to be completed by the Authorised Person**

I confirm that all required actions have been undertaken and Section/Area is permitted to open:

Proposed date of Hand-over: .....

Proposed date of occupation: .....

Full or Phased occupation: .....

If *Phased* occupation, have appropriate control measures been implemented to avoid water stagnation in the non-occupied areas? [Yes/No]

Name: .....

Signed: ..... Date: .....

-----  
---

**Infection Prevention and Control Officer:**

Name: .....

Signed: ..... Date: .....

-----  
---

**Scheme Project Manager:**

Name: .....

Signed: ..... Date: .....

SAMPLE - DO NOT USE