Water Quality Management Plan

Identify your points of risk

Water systems vary in design and complexity from building to building. The solutions required will be equally as unique. This checklist is designed to facilitate your discussion with qualified experts, to create standard operating procedures, and to implement a Water Quality Management Plan. The risk analysis checklist is provided as an interactive PDF. You can complete the fields on your computer, save the file and print out for reference. Or if you prefer, you can print out and complete by hand.

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WATTS®

Hot Water Heaters

INVENTORY

Location:

☐ Mechanical room ☐ Other_____

Characteristics/Details:

Type of heating:

Solar
☐ Steam
☐ Storage tank
☐ Condensing
☐ Other_____

☐ Gas
☐ Tankless
☐ Heat pump
☐ Non-condensing

Number of units_____
Max. temperature_____
Age of heaters_____
Capacity_____

HAZARD / HAZARDOUS EVENT

☐ Water gets too hot
☐ Water gets too cold
☐ Scale builds on walls
☐ Other_____

Risk Level:

☐ Low
☐ Medium
☐ High

PROCEDURES

Control Measures:

☐ Test temperature
☐ Other_____

Parameter:

Temperature_____
Biofilm measurement_____

Frequency:

☐ Daily
☐ Weekly
☐ Monthly
☐ Quarterly
☐ Other_____

Critical Limit:

☐ 104˚F to 122˚F ☐ Other_____

Corrective Action:

☐ Increase temperature of water heater
☐ Remove scale
☐ Other_____

Reported to:

☐ Facility Manager ☐ Infection Control Manager
☐ Lead Plumbing Engineer ☐ Other_____

Operational Response to Exceedance of Critical Limit:

☐ Determine if a super heat is required
☐ Determine reason of temperature discrepancy
☐ Determine reason for scale build-up
☐ Report to necessary individuals/departments
☐ Other_____

Critical Response to Exceedance of Limit:

☐ Internal announcement
☐ External announcement
☐ Report to CDC
☐ Report to other authority
☐ Notify Public Relations
☐ Other_____

ADDITIONAL NOTES

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Cold Water Storage

INVENTORY

Location:

☐ Mechanical room ☐ Other_____

Characteristics/Details:

Number of units_____ Capacity_____

Min. and max. temperature_____

Average refilling cycle_____

Material:

☐ Concrete ☐ Fiberglass

☐ Steel ☐ GRP

☐ Polyethylene ☐ Other_____

Cleaning schedule:

☐ Once a year

☐ Time of construction, repair, or maintenance

☐ Flooding event

☐ Period of non-use

☐ Bacteria sampling

☐ Other_____

Disinfection method:

☐ Chlorine ☐ Other_____

HAZARD / HAZARDOUS EVENT

☐ Water gets too hot

☐ Water gets too cold

☐ Scale builds on walls

☐ Other_____

Risk Level:

☐ Low

☐ Medium

☐ High

PROCEDURES

Control Measures:

☐ Test temperature ☐ Measure scale

☐ Other_____

Parameter:

Temperature_____ Biofilm measurement_____

Other_____

Frequency:

☐ Daily ☐ Monthly

☐ Weekly ☐ Quarterly

☐ Other_____

Critical Limit:

☐ Temperature greater than 68˚ F

☐ Other_____

Corrective Action:

☐ Check incoming water temperature

☐ Check pipework for heat transfer

☐ Insulate exposed cold pipes

☐ Determine source of scale

☐ Other_____

Reported to:

☐ Facility Manager

☐ Infection Control Manager

☐ Lead Plumbing Engineer

☐ Other_____

Operational Response to Exceedance of Critical Limit:

☐ Determine if a super heat is required

☐ Determine reason of temperature discrepancy

☐ Determine reason for scale build-up

☐ Report to necessary individuals/departments

☐ Other_____

Critical Response to Exceedance of Limit:

☐ Internal announcement

☐ External announcement

☐ Report to CDC

☐ Report to other authority

☐ Notify Public Relations

☐ Other_____

ADDITIONAL NOTES

_____

Chemical Treatment

INVENTORY

Location:

☐ Mechanical room ☐ Other_____

Characteristics/Details:

Type:

☐ Chlorine ☐ Chlorine Dioxide

☐ Chloramines ☐ Other_____

_____

Dose rate_____

Target residual at most distal point in water system

_____

HAZARD / HAZARDOUS EVENT

☐ Strength is too high

☐ Strength is too low

☐ Other_____

_____

Risk Level:

☐ Low

☐ Medium

☐ High

PROCEDURES

Control Measures:

☐ Take water samples and test for strength

☐ Other_____

Parameter:

Chemical level_____

Other_____

Frequency:

☐ Daily ☐ Monthly

☐ Weekly ☐ Quarterly

☐ Other_____

Critical Limit:

☐ A residual concentration for free chlorine of greater than or equal to .5mg/L (.5ppm) after at least 30 minutes contact time at pH less than 8.0

☐ Other_____

Corrective Action:

☐ Flush system ☐ Decrease chemical level

☐ Increase chemical level ☐ Other_____

Reported to:

☐ Facility Manager

☐ Infection Control Manager

☐ Lead Plumbing Engineer

☐ Other_____

Operational Response to Exceedance of Critical Limit:

☐ Determine if a flush is required

☐ Determine reason of dosage/chemical discrepancy

☐ Report to necessary individuals/departments

☐ Other_____

Critical Response to Exceedance of Limit:

☐ Internal announcement

☐ External announcement

☐ Report to CDC

☐ Report to other authority

☐ Notify Public Relations

☐ Not applicable

☐ Other_____

ADDITIONAL NOTES

_____

_____

_____

Piping: Isolated (Materials)

INVENTORY

Details:

Type of material:

- ☐ Stainless steel
- ☐ Cast iron
- ☐ Brass
- ☐ Galvanized steel
- ☐ PE
- ☐ Copper
- ☐ CPVC
- ☐ PEX
- ☐ PVC
- ☐ Other_____

% of piping that is inaccessible

- ☐ 0 - 25%
- ☐ 26% - 50%
- ☐ Over 50%
- ☐ Other_____

HAZARD / HAZARDOUS EVENT

- ☐ Corrosion
- ☐ Leak
- ☐ Other_____
- ☐ Dead Leg
- ☐ Scale

Risk Level:

- ☐ Low
- ☐ Medium
- ☐ High

PROCEDURES

Control Measures:

- ☐ Measure flow
- ☐ Map dead leg locations
- ☐ Test temperature at at POS and POU
- ☐ Determine scale build-up
- ☐ Other_____

Parameter:

Level of legionella_____
Flow measurement_____
Temperature_____
Biofilm measurement_____
Scale level_____
Other_____

Frequency:

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other_____

Critical Limit

Enter actual limit_____

Corrective Action:

- ☐ Replace pipes, eliminate dead leg
- ☐ Increase water temperature
- ☐ Other_____
- ☐ Reduce biofilm
- ☐ Reduce scale
- ☐ Decrease water temperature

Reported to:

- ☐ Facility Manager
- ☐ Infection Control Manager
- ☐ Lead Plumbing Engineer
- ☐ Other_____

Operational Response to Exceedance of Critical Limit:

- ☐ Determine if piping needs to be replaced
- ☐ Determine if flow needs to be increased
- ☐ Determine if biofilm needs to be reduced
- ☐ Determine if scale needs to be reduced
- ☐ Determine if chemical is causing leaks
- ☐ Keep record of pipework and utilize it in remodels to eliminate inaccessible areas
- ☐ Other_____

Critical Response to Exceedance of Limit:

- ☐ Internal announcement
- ☐ External announcement
- ☐ Report to CDC
- ☐ Report to other authority
- ☐ Notify Public Relations
- ☐ NA
- ☐ Other_____

ADDITIONAL NOTES

_____

Piping: Isolated (Insulation)

INVENTORY

Details:

Type of insulation:

- ☐ Mineral wool
- ☐ Glass wool
- ☐ Calcium silicate
- ☐ Cellular glass
- ☐ Aerogel
- ☐ Rigid foam
- ☐ Polyethylene
- ☐ Flexible elastomeric foam
- ☐ Polyurethane
- ☐ Phenolic
- ☐ Other_____

% of piping that is inaccessible

- ☐ 0 - 25%
- ☐ 26% - 50%
- ☐ Over 50%
- ☐ Other_____

HAZARD / HAZARDOUS EVENT

- ☐ Temperature fluctuation
- ☐ Other_____

Risk Level:

- ☐ Low
- ☐ Medium
- ☐ High

PROCEDURES

Control Measures:

- ☐ Temperature measurement
- ☐ Scale build-up
- ☐ Biofilm build-up
- ☐ Other_____

Parameter:

Temperature_____

Scale level_____

Biofilm measurement_____

Other_____

Frequency:

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other_____

Critical Limit

Enter actual limit_____

Corrective Action:

- ☐ Replace pipes
- ☐ Reduce scale
- ☐ Reduce biofilm
- ☐ Other_____

Reported to:

- ☐ Facility Manager
- ☐ Infection Control Manager
- ☐ Lead Plumbing Engineer
- ☐ Other_____

Operational Response to Exceedance of Critical Limit:

- ☐ Determine if insulation needs to be replaced
- ☐ Keep record of pipework and utilize it in remodels to eliminate inaccessible areas
- ☐ Other_____

Critical Response to Exceedance of Limit:

- ☐ Internal announcement
- ☐ External announcement
- ☐ Report to CDC
- ☐ Report to other authority
- ☐ Notify Public Relations
- ☐ NA
- ☐ Other_____

ADDITIONAL NOTES

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Piping: Isolated (Dead legs)

INVENTORY

Details:

Number of dead legs:

- ☐ 0
- ☐ 1-10
- ☐ 11-20
- ☐ Over 20
- ☐ Unknown

% of piping that is inaccessible

- ☐ 0 - 25%
- ☐ 26% - 50%
- ☐ Over 50%
- ☐ Other_____

Locations:

_____

_____

HAZARD / HAZARDOUS EVENT

- ☐ Scale
- ☐ Stagnation
- ☐ Other_____
- ☐ Bacteria
- ☐ Sitting water

Risk Level:

- ☐ Low
- ☐ Medium
- ☐ High

PROCEDURES

Control Measures:

- ☐ Map and identify dead leg locations
- ☐ Test temperature at POS and POU
- ☐ Measure flow
- ☐ Measure bacteria levels
- ☐ Document scale
- ☐ Document sitting water
- ☐ Other_____

Parameter:

Temperature_____ Flow rate_____

Bacteria level_____ Sitting water_____

Scale_____ Other_____

Frequency:

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other_____

Critical Limit

Enter actual limit_____

Corrective Action:

- ☐ Eliminate dead leg(s)
- ☐ Increase circulation
- ☐ Increase flow
- ☐ Reduce scale
- ☐ Eliminate sitting water
- ☐ Other_____

Reported to:

- ☐ Facility Manager
- ☐ Infection Control Manager
- ☐ Lead Plumbing Engineer
- ☐ Other_____

Operational Response to Exceedance of Critical Limit:

- ☐ Determine if dead leg needs to be eliminated and if it can be
- ☐ Determine how flow can be increased
- ☐ Determine if a filter solution will decrease negative effects of dead leg
- ☐ Keep record of pipework and utilize it in remodels to eliminate inaccessible areas
- ☐ Determine if circulation can be increased
- ☐ Other_____

Critical Response to Exceedance of Limit:

- ☐ Internal announcement
- ☐ External announcement
- ☐ Report to CDC
- ☐ Report to other authority
- ☐ Notify Public Relations
- ☐ NA
- ☐ Other_____

ADDITIONAL NOTES

_____

Piping: Point-of-Use (Low flow)

INVENTORY

Details:

Areas of low flow:

- ☐ Private room faucets
- ☐ Private room showers
- ☐ Public faucets
- ☐ Drinking fountains
- ☐ Nurse stations
- ☐ Breakroom faucets
- ☐ Other_____

HAZARD / HAZARDOUS EVENT

- ☐ Scale
- ☐ Stagnation
- ☐ Bacteria
- ☐ Other_____

Risk Level:

- ☐ Low
- ☐ Medium
- ☐ High

PROCEDURES

Control Measures:

- ☐ Map and identify dead leg locations
- ☐ Test temperature at POS and POU
- ☐ Measure flow
- ☐ Measure bacteria levels
- ☐ Document scale
- ☐ Document sitting water
- ☐ Other_____

Parameter:

Flow rate_____

Frequency:

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other_____

Critical Limit

Enter actual limit_____

Corrective Action:

- ☐ Determine if piping design can be changed to avoid low flow areas
- ☐ If appropriate change out low flow devices to higher flow devices
- ☐ Other_____

Reported to:

- ☐ Facility Manager
- ☐ Infection Control Manager
- ☐ Lead Plumbing Engineer
- ☐ Other_____

Operational Response to Exceedance of Critical Limit:

- ☐ Determine how flow can be increased
- ☐ Determine if a filter solution will decrease negative effects of low flow
- ☐ Determine if circulation can be increased
- ☐ Determine if POU mixing valves can reduce negative effects of low flow
- ☐ Determine if POS mixing valves can reduce negative effects of low flow
- ☐ Other_____

Critical Response to Exceedance of Limit:

- ☐ Internal announcement
- ☐ External announcement
- ☐ Report to CDC
- ☐ Report to other authority
- ☐ Notify Public Relations
- ☐ NA
- ☐ Other_____

ADDITIONAL NOTES

_____

_____

Piping: Point-of-Use (Temperature)

INVENTORY

Locations:	Number of units:	Temperature (water in pipe):
☐ Private room faucets		
☐ Drinking fountains		
☐ Landscaping outlets		
☐ Private room showers		
☐ Nurse stations		
☐ Pools		
☐ Public faucets		
☐ Breakroom faucets		
☐ Other_____		

HAZARD / HAZARDOUS EVENT

☐ Temperature

_____

_____

Risk Level:

☐ Low
☐ Medium
☐ High

PROCEDURES

Control Measures:

☐ Test temperature at POS and POU
☐ Measure bacteria levels
☐ Other_____

Parameter:

Temperature_____

Frequency:

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Other_____

Critical Limit

Enter actual temperature_____

Corrective Action:

☐ Inspect POU tempering valves
☐ Inspect POS tempering valves
☐ Other_____

Reported to:

☐ Facility Manager
☐ Infection Control Manager
☐ Lead Plumbing Engineer
☐ Other_____

Operational Response to Exceedance of Critical Limit:

☐ Determine if a filter solution will decrease negative effects of temperature discrepency
☐ Determine if POS tempering device should be replaced/installed
☐ Determine if POU tempering devices should be replaced/installed
☐ Flush water at critical temperature to kill bacteria
☐ Other_____

Critical Response to Exceedance of Limit:

☐ Internal announcement
☐ External announcement
☐ Report to CDC
☐ Report to other authority
☐ Notify Public Relations
☐ NA
☐ Other_____

ADDITIONAL NOTES

_____

_____

Point-of-Use Outlets

INVENTORY

Location:	Number of units:	Temperature:
☐ Public bathroom faucets	_____	_____
☐ Drinking fountains	_____	_____
☐ Breakroom faucets	_____	_____
☐ Kitchen faucets	_____	_____
☐ Kitchen dishwashers	_____	_____
☐ Garden/Landscaping	_____	_____
☐ Pools	_____	_____
☐ Nurse station faucets	_____	_____
☐ Private room faucets	_____	_____
☐ Private room showers	_____	_____

HAZARD / HAZARDOUS EVENT

☐ Temperature
☐ Flow
☐ Other_____

Risk Level:
☐ Low
☐ Medium
☐ High

PROCEDURES

Control Measures:
☐ Test for legionella
☐ Test temperature
☐ Other_____

Parameter:
Level of legionella_____
Temperature_____

Frequency:
☐ Daily
☐ Weekly
☐ Monthly
☐ Quarterly
☐ Time of check-in
☐ Time of check-out
☐ Other_____

Critical Limit:
☐ Enter actual temperature(s)_____

Corrective Action:
☐ Remove patient/guest from room
☐ Close off access for public/patient/staff
☐ Temperature flush
☐ Chemical flush
☐ Install POU filters
☐ Install new POU tempering valves
☐ Other_____

Reported to:
☐ Facility Manager
☐ Lead Plumbing Engineer
☐ Infection Control Manager
☐ Other_____

Operational Response to Exceedance of Critical Limit:
☐ Remove patient/guest from room
☐ Close off access for public/patient/staff
☐ Temperature flush
☐ Chemical flush
☐ Install POU filters
☐ Install new POU tempering valves
☐ Other_____

Critical Response to Exceedance of Limit:
☐ Internal announcement
☐ Report to CDC
☐ Notify Public Relations
☐ External announcement
☐ Report to other authority
☐ Other_____

ADDITIONAL NOTES

_____
_____
_____

Incoming Water

INVENTORY

Location:

Point of entry into facility (write specifics) _____

_____

HAZARD / HAZARDOUS EVENT

- ☐ Disinfectant level at point of entry
- ☐ Bacteria level at point of entry
- ☐ Temperature at point of entry
- ☐ Other_____

Risk Level:

- ☐ Low
- ☐ Medium
- ☐ High

PROCEDURES

Control Measures:

- ☐ Test disinfectant level
- ☐ Measure temperature
- ☐ Test bacteria level
- ☐ Other_____

Parameter:

- ☐ Low disinfectant residual
- ☐ Low/High temperature
- ☐ High bacteria level
- ☐ Other_____

Frequency:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other_____

Critical Limit:

Enter actual temperature(s)_____

Bacteria levels_____

Disinfectant levels_____

Other_____

Corrective Action:

- ☐ Increase chlorine level within facility
- ☐ Decrease chlorine level within facility
- ☐ Adjust point-of-use temperature
- ☐ Adjust point-of-source temperature
- ☐ Deploy other bacteria mitigation solutions
- ☐ Other_____

Reported to:

- ☐ Facility Manager
- ☐ Infection Control Manager
- ☐ Lead Plumbing Engineer
- ☐ Other_____

Operational Response to Exceedance of Critical Limit:

- ☐ Increase chlorine level within facility
- ☐ Decrease chlorine level within facility
- ☐ Adjust point-of-use temperature
- ☐ Adjust point-of-source temperature
- ☐ Deploy other bacteria mitigation solutions
- ☐ Other_____

Critical Response to Exceedance of Limit:

- ☐ Internal announcement
- ☐ External announcement
- ☐ Report to CDC
- ☐ Report to other authority
- ☐ Notify Public Relations
- ☐ Not applicable
- ☐ Other_____

ADDITIONAL NOTES

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Ultraviolet Disinfection System

INVENTORY

Location:

☐ Mechanical room ☐ Other_____

Characteristics/Details:

GPM rating _____ Dosage _____

Age of lamp_____ Replacement frequency _____

Type:

☐ LPHO Amalgan ☐ LPHO

☐ LP ☐ MP

☐ Other_____

HAZARD / HAZARDOUS EVENT

☐ Dosage is 1 mLJ/cm2

☐ Dosage is 30mLJ/cm2

☐ Age of lamp is over manufacturer recommendation

☐ Replacement has not occurred according to manufacturer recommendation

☐ Watts are 44 or below, or over 100

☐ Other_____

Risk Level:

☐ Low

☐ Medium

☐ High

PROCEDURES

Control Measures:

☐ Test GPM ☐ Test dosage

☐ Test watts ☐ Determine age of lamp

☐ Compare your replacement schedule to manufacturer recommendation

☐ Other_____

Parameter:

GPM level_____ Dosage level_____

Age of lamp_____ Watts_____

Testing frequency schedule_____

Replacement frequency schedule_____

Critical Limit:

☐ GPM of 12 or below, GPM higher than 51

☐ Dosage below 1mJ/cm2 or over 30mLJ/cm2

☐ Age of lamp is older than manufacturer recommendation

☐ Frequency of replacement is less than manufacturer recommendation

☐ Watts are below 44 or over 100

☐ Other_____

_____

Corrective Action:

☐ Increase dosage ☐ Decrease dosage

☐ Check lamp efficiency ☐ Replace lamp

☐ Change unit ☐ Appropriate maintenance

☐ Establish new replacement schedule ☐ Other_____

_____

Reported to:

☐ Facility Manager ☐ Infection Control Manager

☐ Lead Plumbing Engineer ☐ Other_____

Operational Response to Exceedance of Critical Limit:

☐ Check age of lamp and replace if necessary

☐ Check watts and replace if necessary

☐ Overall maintenance of equipment

☐ Change lamp ☐ Contact manufacturer

☐ Other_____

Critical Response to Exceedance of Limit:

☐ Internal announcement ☐ External announcement

☐ Report to CDC ☐ Report to other authority

☐ Notify Public Relations ☐ Other_____

_____

ADDITIONAL NOTES

_____

_____

Point-of-Use Filtration

INVENTORY

Location:	Number:	Age of filter:	Size:	Replacement frequency:
☐ Public bathroom faucets				
☐ Drinking fountains				
☐ Breakroom faucets				
☐ Kitchen faucets				
☐ Nurse station faucets				
☐ Private room faucets				
☐ Private room showers				

HAZARD / HAZARDOUS EVENT

- ☐ Age exceeds recommendation
- ☐ Legionella level
- ☐ Larger than .2 micron
- ☐ Other_____

Risk Level:

- ☐ Low
- ☐ Medium
- ☐ High

PROCEDURES

Control Measures:

- ☐ Record age
- ☐ Map and identify all locations
- ☐ Keep replacement record
- ☐ Record units and update
- ☐ Check micron of filter

Parameter:

Filter age_____ Filter size_____

Replacement frequency_____

Frequency:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other_____

Critical Limit:

- ☐ Outside of manufacturer recommendations

Corrective Action:

- ☐ Keep strict record of purchase date, install date and replacement date
- ☐ Adhere to manufacturer replacement schedule recommendation
- ☐ Test for legionella at determined schedule
- ☐ Other_____

Reported to:

- ☐ Facility Manager
- ☐ Infection Control Manager
- ☐ Lead Plumbing Engineer
- ☐ Maintenance Manager
- ☐ Cleaning Manager
- ☐ Other_____

Operational Response to Exceedance of Critical Limit:

- ☐ Keep strict record of purchase date, install date and replacement date
- ☐ Adhere to manufacturer replacement schedule recommendaion
- ☐ Test for legionella at determined schedule
- ☐ Choose different filter manufacturer
- ☐ Other_____

Critical Response to Exceedance of Limit:

- ☐ Internal announcement
- ☐ Report to CDC
- ☐ Notify Public Relations
- ☐ External announcement
- ☐ Report to other authority
- ☐ Other_____

ADDITIONAL NOTES

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_____

Copper-Silver Ionization System

INVENTORY

Location:

☐ Mechanical room ☐ Other_____

Characteristics/Details:

Copper concentration _____

Silver concentration _____

pH Level_____

Proper licensing:

☐ Internal Licensed Employee
☐ Utilize State Licensed Personnel
☐ Utilize Manufacturer Licensed Representative

HAZARD / HAZARDOUS EVENT

☐ Level is above or below manufacturer recommendation
☐ Licensed personnel not utilized
☐ Other_____

Risk Level:

☐ Low
☐ Medium
☐ High

PROCEDURES

Control Measures:

☐ Test levels ☐ Licensing records

Parameter:

Copper concentration _____

Silver concentration _____

pH Level_____

Frequency:

☐ Daily
☐ Weekly
☐ Monthly
☐ Quarterly
☐ Other_____

Critical Limit:

☐ Copper concentration is above .8 ppm
☐ Copper concentration is below .4 ppm
☐ Silver concentration is above 60 ppb
☐ Silver concentration is below 40 ppb
☐ pH is greater than 8.5
☐ Licensing issue

Corrective Action:

☐ Equipment maintenance
☐ Hire licensed consultant
☐ Staff obtains license
☐ State doesn't require license
☐ Other_____
_____

Reported to:

☐ Facility Manager
☐ Infection Control Manager
☐ Lead Plumbing Engineer
☐ Contracted Maintenance Certified Personnel
☐ Other_____

Operational Response to Exceedance of Critical Limit:

☐ Do proper maintenance
☐ Replace equipment
☐ Correct pH level and retest
☐ Replace copper bars
☐ Replace silver bars
☐ Utilize licensed personnel
☐ Other_____

Critical Response to Exceedance of Limit:

☐ Internal announcement
☐ External announcement
☐ Report to CDC
☐ Report to other authority
☐ Notify Public Relations
☐ NA
☐ Other_____

ADDITIONAL NOTES

_____

_____

Point-of-Use Anti-Scalding

INVENTORY

Location:	Number:	Temperature:	Type*:
☐ Public bathroom faucets	_____	_____	_____
☐ Drinking fountains	_____	_____	_____
☐ Breakroom faucets	_____	_____	_____
☐ Kitchen faucets	_____	_____	_____
☐ Nurse station faucets	_____	_____	_____
☐ Private room faucets	_____	_____	_____
☐ Private room showers	_____	_____	_____
☐ Other	_____	_____	_____

***Typical:** Pressure Reduced Mixing Valves, Thermostatic Mixing Valves, Combined Pressure Balancing, and Digital Mixing Valves

HAZARD / HAZARDOUS EVENT

☐ Temperature goes above 120°F
☐ Other_____
_____

Risk Level:
☐ Low
☐ Medium
☐ High

PROCEDURES

Control Measures:
☐ Test temperature

Parameter:
Temperature_____

Frequency:
☐ Daily
☐ Weekly
☐ Other_____

Critical Limit:
☐ Temperature is greater than 120°F
☐ Other_____

Corrective Action:
☐ Check valve(s)
☐ Replace valve(s)
☐ Other_____

Reported to:
☐ Facility Manager
☐ Infection Control Manager
☐ Lead Plumbing Engineer
☐ Other_____

Operational Response to Exceedance of Critical Limit:
☐ Maintain measurement schedule according to state and organization policy
☐ Correct any non-functioning valves
☐ Replace valves
☐ Other_____

Critical Response to Exceedance of Limit:
☐ Internal announcement
☐ External announcement
☐ Report to CDC
☐ Report to other authority
☐ Notify Public Relations
☐ NA
☐ Other_____

ADDITIONAL NOTES

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_____

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Point-of-Source Anti-Scalding

INVENTORY

Location:

☐ Mechanical room ☐ NA ☐ Other_____

Characteristics/Details:

Temperature:

☐ Below 122°F ☐ 123°F to 131°F
☐ 132°F to 140°F ☐ 141°F to 151°F
☐ 152°F to 158°F ☐ Other_____

Digital:

☐ Yes ☐ No

Connected to BAS:

☐ Yes ☐ No

HAZARD / HAZARDOUS EVENT

☐ Below 125°F ☐ NA
☐ Above 140°F
☐ Other_____

Risk Level:

☐ Low
☐ Medium
☐ High

PROCEDURES

Control Measures:

☐ Test temperature ☐ NA

Parameter:

Temperature_____

Frequency:

☐ Daily ☐ Other_____
☐ Weekly ☐ NA

Critical Limit:

☐ Below 125°F ☐ Other_____
☐ Above 140°F ☐ NA

Corrective Action:

☐ Test temperature according to code, state, and organization policy
☐ Perform maintenance on equipment
☐ Increase temperature
☐ Decrease temperature
☐ NA
☐ Other_____

Reported to:

☐ Facility Manager ☐ Infection Control Manager
☐ Lead Plumbing Engineer ☐ NA
☐ Contracted Maintenance Certified Personnel ☐ Other_____

Operational Response to Exceedance of Critical Limit:

☐ Test temperature according to code, state and organization policy
☐ Perform maintenance on equipment
☐ Increase temperature
☐ Decrease temperature
☐ Replace mixing/tempering equipment
☐ Change to digital mixing equipment
☐ NA
☐ Other_____

Critical Response to Exceedance of Limit:

☐ Internal announcement ☐ Notify Public Relations
☐ External announcement ☐ NA
☐ Report to CDC ☐ Other_____
☐ Report to other authority

ADDITIONAL NOTES

_____

_____

_____

Point-of-Source Filtration

INVENTORY

Location:

☐ Mechanical room (give details)_____

☐ Other_____

Characteristics/Details:

Age of filter/media_____ Number of units_____

Replacement frequency_____ Strength_____

HAZARD / HAZARDOUS EVENT

☐ Manufacturer replacement schedule has not been maintained

☐ Legionella level

☐ Scale level

☐ Sediment level

☐ Other_____

Risk Level:

☐ Low

☐ Medium

☐ High

PROCEDURES

Control Measures:

☐ Record age

☐ Map and identify all locations

☐ Other_____

☐ Keep replacement record

☐ Record units and update

☐ Test and record strength

Parameter:

Age of lamp_____

Replacement frequency_____

Strength of lamp_____

Frequency:

☐ Daily

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Other_____

Critical Limit:

☐ Per manufacturer recommendations

☐ Other_____

_____

Corrective Action:

☐ Replace filter

☐ Maintenance

☐ Decrease number of units

☐ Replace unit

☐ Increase number of units

☐ Other_____

_____

Reported to:

☐ Facility Manager

☐ Infection Control Manager

☐ Lead Plumbing Engineer

☐ Maintenance Manager

☐ Other_____

Operational Response to Exceedance of Critical Limit:

☐ Keep strict record of purchase date

☐ Install date and replacement date

☐ Adhere to manufacturer replacement schedule recommendation

☐ Test for legionella at determined schedule

☐ Increase number of units

☐ Change manufacture/type

☐ Other_____

Critical Response to Exceedance of Limit:

☐ Internal announcement

☐ External announcement

☐ Report to CDC

☐ Report to other authority

☐ Notify Public Relations

☐ NA

☐ Other_____

_____

ADDITIONAL NOTES

_____

_____