



# **Environmental Assessments for *Legionella* in buildings**

Bureau of Environmental Health and Radiation Protection

Bureau of Infectious Diseases

# CDC *Legionella* Environmental Assessment Form

- Form for the assessment and understanding of a facility's water systems
- To assist facility management with minimizing the risk of legionellosis
- Used to determine whether and how to conduct *Legionella* environmental sampling
- <https://www.cdc.gov/legionella/downloads/legionella-environmental-assessment.pdf>

# Environmental facility assessment

- The form can be used along with epidemiologic information to determine whether to conduct Legionella environmental sampling and to develop a sampling plan.
- The assessment should be performed on-site by an epidemiologist and an environmental health specialist with knowledge of the ecology of Legionella.
- Keep in mind that conditions promoting Legionella amplification include water stagnation, warm temperatures (77-108°F or 25-42°C), availability of organic matter, and lack of residual disinfectant such as chlorine.

# Environmental Facility Assessment

- Complete the form in as much detail as possible. Do not leave sections blank; if a question does not apply, write “N/A”.
- If a question applies but cannot be answered, explain why.
- Where applicable, specify the units of measurement being used (e.g., ppm).
- Completion of the form may take several hours.

# Environmental Assessment

- Description of the facility size, structure, and purpose
- Taking possible exposure pathways into account



# Preparation

- Request the participation and assistance of facility managers or others that have a detailed knowledge of the facility water system – engineer or industrial hygienist
- Request maintenance logs and blueprints
- Bring plastic bottles, a thermometer, a pH test kit, a chlorine test kit that can detect a wide range of residual disinfectant (<1 ppm for potable water and up to 10 ppm for whirlpool spas)
- If the epidemiologic information available suggests a particular source (e.g., whirlpool spa, cooling tower), request that they shut it down (but do not drain or disinfect) in order to stop transmission.

# Sampling strategy

- It is very important to measure and document the physical and chemical characteristics of the water to check for conditions conducive to *Legionella* growth

**STEP 1:** Plan a sampling strategy that incorporates all central hot water heaters/boilers and various points along each loop of the potable water system. For example, if the facility has one loop serving all occupant rooms, an occupant room near (proximal) the central hot water heater and another at the farthest point (distal) of the loop should be sampled.

**STEP 2:** For each sampling point (e.g., tap in an occupant room):

- a. Turn on the hot water tap. Collect the first 50 ml from the tap. Measure the free chlorine residual and pH. Document the findings in the table on p. 8. Note: If there is no residual chlorine in the hot water, measure it in the cold water. Note: Total chlorine should be measured instead of free chlorine if the method of disinfection is not chlorine (e.g., monochloramine).
- b. Allow the hot water tap to run until it is as hot as it will get. Collect 50 ml and measure the temperature. Document the temperature and the time it took to reach the maximum temperature.

# Information on who is completing the assessment

## LEGIONELLA ENVIRONMENTAL ASSESSMENT FORM

### ***Persons completing the assessment:***

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ***Assessment details:***

Facility Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
street city state zip

### ***Person(s) interviewed during assessment:***

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_



# Facility Characteristics

- The facility type, size, purpose
- Consider the usage of water features in different areas at different times
- Consider water features that go unused for extended periods of time

# Facility Characteristics

## Facility Characteristics

1. Is this a healthcare facility or senior living facility with skilled nursing care (e.g., hospital, long term care/rehab/assisted living/skilled nursing facility, or clinic)?  
☐ YES → If yes, skip to Q.3 & also complete Appendix A.  
☐ NO
2. If NO, indicate type of facility (check all that apply):  
☐ Senior living facility (e.g., retirement home without skilled nursing care)  
☐ Other residential building (e.g., apartment, condominium)  
☐ Hotel, motel, or resort  
☐ Recreational facility (e.g., health club, water park)  
☐ Office building  
☐ Manufacturing facility  
☐ Restaurant  
☐ Other \_\_\_\_\_
3. Total number of buildings on campus: \_\_\_\_\_ Total number of buildings being assessed: \_\_\_\_\_
4. Total number of rooms that can be occupied overnight (e.g., patient rooms, hotel rooms): \_\_\_\_\_
5. Does occupancy vary throughout the year? ☐ YES ☐ NO  
If YES, seasons with lowest occupancy (check all that apply):  
☐ Winter ☐ Spring ☐ Summer ☐ Fall
6. Are any occupant rooms taken out of service during specific parts of the year, e.g., low season?  
☐ YES ☐ NO  
If YES, which rooms? \_\_\_\_\_

7. Average length of stay for occupants (check one):

☐ 1 night   ☐ 2-3 nights   ☐ 4-7 nights   ☐ >7 nights

8. Does the facility have emergency water systems (e.g., fire sprinklers, safety showers, eye wash stations)?

☐ YES   ☐ NO

If YES, are these systems regularly tested (i.e., sprinkler head flow tests)?   ☐ YES   ☐ NO

If YES, how often and when was the last test? \_\_\_\_\_

9. Are there any cooling towers or evaporative condensers on the facility premises?

☐ YES → If yes, also complete Appendix B.

☐ NO

10. Are there any whirlpool spas, hot tubs, or hydrotherapy spas on the facility premises?

☐ YES → If yes, also complete Appendix C.

☐ NO

11. Are there any decorative fountains, misters, water features, etc. on the facility premises?

☐ YES → If yes, also complete Section D.

☐ NO

12. Does the facility have centralized humidification (e.g., on air-handling units) or any room humidifiers?

☐ YES   ☐ NO

If YES, describe their location and operation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Has there been any recent (last 6 months) or ongoing major construction on or around the facility premises?

☐ YES → If yes, also complete Appendix E.

☐ NO

14. Has this facility been associated with a previous legionellosis cluster or outbreak?

☐ YES   ☐ NO

If YES, please describe number of cases, dates, source if found, and any interventions (immediate and long-term) to prevent recurrence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Does the facility have a water safety plan or *Legionella* prevention program?

☐ YES   ☐ NO

If YES, does the facility ever test for *Legionella* in water samples?

☐ YES → If yes, obtain copies of results   ☐ NO

If YES, please describe the plan briefly here (does it include clinical disease surveillance and/or environmental *Legionella* surveillance?) and **obtain a written copy** of the program policy:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Water safety plan

- Does the facility have a plan to maintain an environment that is not conducive to *Legionella* growth or exposure to people?
- Does the facility have documentation of the plan?



# Building description

- Year completed
- Later construction
- Stories or levels
- Occupancy rate
- Daily Census
- Use – e.g. occupant rooms, utilities, heating/AC, healthcare

16. Describe each building that shares water or air systems, including the main facility

Each individual building

The dates of any construction

Average number of days in use

List all the uses for all of the rooms in the building

| Building Name<br>(List main facility building first) | Original Construction | Later Construction<br>(renovation, expansion) | Stories or Levels | Occupancy rate (%)* | Daily Census<br>(yr. avg.) | Use<br>(List all types of uses)<br><br>e.g., occupant rooms, utilities, heating/AC plant<br><br>For healthcare, specify:<br>Outpatient = O<br>Inpatient (acute) = I<br>Chronic = C<br>Intensive care = ICU<br>Transplant = Tx |
|--|-----------------------|---|-------------------|---------------------|----------------------------|---|
|  | Year Completed        | From/To or "N/A"                              | #                 | Rate (%) or "N/A"   | #/day or "N/A"             |   |
| 1.   |                       |   |                   |                     |                            |   |
| 2.   |                       |   |                   |                     |                            |   |
| 3.   |                       |   |                   |                     |                            |   |
| 4.   |                       |   |                   |                     |                            |   |
| 5.   |                       |   |                   |                     |                            |   |
| 6.   |                       |   |                   |                     |                            |   |
| 7.   |                       |   |                   |                     |                            |   |

\*[occupancy rate = (# of rooms occupied overnight / total # of rooms) X 100]

# Water supply source

- Municipal water or non-municipal well
- Disinfection method
- Pressure drops, boil water advisories, disruptions in the last six months
- Water parameter monitoring
- Data on nearest disinfectant residual monitoring by the public water system

# Water supply source

## Water Supply Source

17. What is the source of the water used by the facility? (Check all that apply)

☐ **Municipal water** if YES:

Name of supplier \_\_\_\_\_

How is the municipal water disinfected? (Check one) ☐ Chlorine ☐ Monochloramine ☐ Other \_\_\_\_\_

Has treatment of municipal water changed in the past year? ☐ YES ☐ NO

If YES, specify \_\_\_\_\_

☐ **Non-municipal well** if YES:

How is the well water disinfected? (Check one) ☐ Chlorine ☐ Other \_\_\_\_\_ ☐ Not disinfected

Is the water filtered onsite? ☐ YES ☐ NO

☐ **Other** \_\_\_\_\_

18. Have there been any pressure drops, boil water advisories, or water disruptions (e.g., water main break) to the facility in the past 6 months? ☐ YES ☐ NO

If YES, describe what happened and which buildings or parts of buildings were affected: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. Does the facility monitor incoming water parameters (e.g., residual disinfectant, temperature, pH)?

☐ YES → If yes, obtain copies of the logs ☐ NO

If YES, what is the range of disinfectant residual, temperature, and pH entering the facility? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Premise plumbing system

- Understand where and how water flows
- Start with point of entry into the facility
- Follow distribution throughout buildings to points of use
- Understand all water processes: heating, storage, filtration, UV irradiation, secondary disinfectants
- Include a facility map and blueprints – use a copy to notate and include with the completed assessment



# Premise plumbing system

20. Are cisterns and/or water storage holding tanks used to store potable water before it's heated?

☐ YES ☐ NO

21. Is there a recirculation system (a system in which water flows continuously through the piping to ensure constant hot water to all endpoints) for the hot water?

☐ YES ☐ NO

If YES, please describe where it runs and delivery/return temperatures if they are measured: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Are thermostatic mixing valves used?

☐ YES ☐ NO

If YES, describe where they are located (ideally, mixing valves are close to the point of use): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Hot water delivery

- Type of system
- Areas served
- Date of installation
- Total capacity
- Temperature

23. How is the hot water system configured to deliver hot water to each building?

| Building name | Type of system<br>(e.g., instantaneous heater, hot water heater with a storage tank, solar heating) | Name of system<br>(e.g., Boiler #1, Loop #1) | Areas served<br>(e.g., floor, rooms) | Date of installation | Total capacity<br>(gallons) | Usual temperature setting<br>(°F) |
|---------------|---|--|--------------------------------------|----------------------|-----------------------------|-----------------------------------|
| 1.            |   |  |                                      |                      |                             |                                   |
| 2.            |   |  |                                      |                      |                             |                                   |
| 3.            |   |  |                                      |                      |                             |                                   |
| 4.            |   |  |                                      |                      |                             |                                   |
| 5.            |   |  |                                      |                      |                             |                                   |
| 6.            |   |  |                                      |                      |                             |                                   |
| 7.            |   |  |                                      |                      |                             |                                   |

Each individual building

Hot water system type

Areas of the building served by the specific hot water system

Normal operating temperature

24. What is the maximum **hot** water temperature at the point of delivery permitted by state / local regulations?

\_\_\_\_\_ °F or \_\_\_\_\_ °C

25. Are **hot** water temperatures ever measured by the facility at the points of use?

☐ YES → If yes, obtain copies of the temperature logs

If YES, what is the **lowest** documented **hot** water temperature measured at any point within the facility?

\_\_\_\_\_ °F or \_\_\_\_\_ °C documented on (Month/Date/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ NO

26. Are **cold** water temperatures ever measured by the facility at the points of use?

☐ YES → If yes, obtain copies of the temperature logs

If YES, what is the **highest** documented **cold** water temperature measured at any point within the facility?

\_\_\_\_\_ °F or \_\_\_\_\_ °C documented on (Month/Date/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ NO

27. Are the potable water disinfectant levels (e.g., chlorine) ever measured by the facility at the points of use?

☐ YES → If yes, obtain copies of the logs

If YES, how often are they measured? \_\_\_\_\_

If YES, list the range of disinfectant residuals \_\_\_\_\_

☐ NO

28. Does the facility have a supplemental disinfection system for long term control of *Legionella* or other microorganisms?

☐ YES ☐ NO

If YES, obtain SOPs for routine use and maintenance as well as maintenance logs and records of disinfection levels, and complete the table:

| Buildings with supplemental disinfection | Type of system<br>(e.g., chlorine, chlorine dioxide, copper-silver) | Date installed | Describe any maintenance in the past year<br>(include routine and emergency) |
|--|---|----------------|--|
|  |   |                |  |
|  |   |                |  |
|  |   |                |  |

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Please describe any maintenance (either routine or emergency) carried out on the potable water system in the past year. Obtain records/SOPs if available. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Maintenance

- Construction
- Modifications
- Interruptions
- Routine and emergency maintenance

# Water Parameters

- Free Chlorine
- pH
- Maximum temperature
- Time to reach maximum temperature



# Healthcare facilities

- Acute care hospital
- Long term care facility
- Rehabilitation facility
- Assisted living facility
- Outpatient surgical center

## APPENDIX A. HEALTHCARE FACILITIES

**Note:** Complete for all healthcare facilities, including but not limited to hospitals, long term care/rehab/assisted living/skilled nursing facilities, or clinics.

1. Type of healthcare facility (check all that apply):

☐ Acute care hospital

If YES, does the facility have a solid organ or bone marrow transplant program?

☐ YES ☐ NO

☐ Long term care facility (i.e., nursing home, long term acute care)

☐ Rehabilitation facility or other skilled nursing care

☐ Assisted living facility

☐ Outpatient surgical center

☐ Other outpatient clinic (describe): \_\_\_\_\_

☐ Other healthcare facility (describe): \_\_\_\_\_

2. Number of beds: \_\_\_\_\_

3. Are ice machines used to provide ice for patient consumption or processing medical equipment?

☐ YES ☐ NO

If YES, list manufacturer and model or catalog number: \_\_\_\_\_

4. Has this facility experienced previous Legionnaires' disease cases that were "possibly" or "definitely" facility-acquired?

☐ YES ☐ NO

If YES, describe (e.g., number of cases, dates): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Cooling towers and Evaporative condensers

- It is important to gain an understanding of where the cooling towers are located, how they work, and how they are maintained.
- Cooling towers are frequently maintained by an outside contractor, and may need to be contacted them directly if facility management does not have an in-depth knowledge of these systems.
- Request copies of the maintenance logs.

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>- Date installed</li><li>- Manufacturer</li><li>- Location of device</li><li>- Distance to nearest air intake</li><li>- Drift eliminators</li></ul> | <ul style="list-style-type: none"><li>- Responsible party</li><li>- Modifications or repairs</li><li>- Source of the water</li><li>- Backflow prevention</li></ul> |
|---|--|

## APPENDIX B. COOLING TOWERS AND EVAPORATIVE CONDENSERS

**Note:** It is important to gain an understanding of where the cooling towers are located, how they work, and how they are maintained. Cooling towers are frequently maintained by an outside contractor, and you may need to contact them directly if facility management does not have an in-depth knowledge of these systems. Request copies of the maintenance logs.

1. List all cooling towers and evaporative condensers on the facility premises:

| Name of device<br>(e.g., CT1) | Date Installed | Manufacturer | Location of device | Distance to nearest air<br>intake*/location of the air<br>intake/ passive or forced | Drift<br>eliminators<br>used?<br>(Y/N) | Party responsible for<br>maintenance |
|-------------------------------|----------------|--------------|--------------------|---|--|--------------------------------------|
|                               |                |              |                    |   |  |                                      |
|                               |                |              |                    |   |  |                                      |
|                               |                |              |                    |   |  |                                      |

\*intakes to air handling units (AHUs)

Anywhere where aerosolized water can be taken into the building

Devices that decrease the amount of aerosolized water released

# Cooling towers and Evaporative condensers disinfection

- Type of bactericide
- Range of bactericide
- Schedule and method of adding bactericide
- Shut off schedule

2. List details of how each cooling tower is chemically disinfected:

| Name of device from Table 1<br>(e.g., CT1) | List type/name of bactericide(s) used | Range in which the bactericide(s) is regularly maintained<br>(e.g., 5–10 ppm) | Schedule and method of adding bactericide<br>(e.g., daily, weekly, as needed, automatic, by hand) | Are cooling towers turned off at any time?<br>(e.g., seasonally) (Y/N)<br>If yes, include schedule |
|--|---------------------------------------|---|---|--|
|  |                                       |   |   |  |
|  |                                       |   |   |  |
|  |                                       |   |   |  |

3. List recent (last 6 months) special (non-routine) treatments, maintenance, or repairs to cooling devices:

| Name of device from Table 1<br>(e.g., CT1) | Action taken | Date | Comments |
|--|--------------|------|----------|
|  |              |      |          |
|  |              |      |          |
|  |              |      |          |

4. Does the cooling tower water come from a branch of the potable water system inside the facility?

☐ YES ☐ NO

If YES, are backflow prevention devices in place to ensure cooling tower water is not introduced into the potable water system?

☐ YES ☐ NO

If NO, what is the source of water for the cooling towers and evaporative condensers? \_\_\_\_\_

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5. Can any windows in any occupant rooms or common areas be opened? ☐ YES ☐ NO

If YES, describe which rooms or which buildings have windows that can be opened: \_\_\_\_\_

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# Whirlpool Spas, Hot Tubs, Hydrotherapy Spas

- Not for baths that are drained after each use
- Identify the person responsible for maintenance
- Request maintenance logs
- Disinfection method
- pH, disinfectant residual

1. Who performs the spa maintenance (e.g., on-site facilities management, name of outside contractor)? \_\_\_\_\_
2. Describe each whirlpool spa and how it is disinfected:

| Spa Questions  | Spa Descriptor/Location (e.g., main pool, private room #) |  |  |  |
|--|---|--|--|--|
|  |   |  |  |  |
| Indoor or outdoor?   |   |  |  |  |
| Max. bather load   |   |  |  |  |
| Filter type<br>S = sand<br>DE = diatomaceous earth,<br>C = cartridge   |   |  |  |  |
| Date filter was last changed   |   |  |  |  |
| Date of last filter backwash   |   |  |  |  |
| Compensation tank present?   |   |  |  |  |
| Type of disinfectant used<br>(include chemical name,<br>formulation, and amount used)                        |   |  |  |  |
| Current measured disinfectant<br>level<br>(e.g., free chlorine, bromine) (ppm)                               |   |  |  |  |
| Current measured pH  |   |  |  |  |
| Method used for adding<br>disinfectant<br>(e.g., automatic feeder, by hand)                                  |   |  |  |  |
| Method used for monitoring<br>and maintaining disinfectant<br>and pH levels<br>(e.g., automatic controllers) |   |  |  |  |
| Date last drained and scrubbed   |   |  |  |  |
| Was there a recent disinfectant<br>"shock" treatment?  |   |  |  |  |
| Operating as designed and in<br>good repair?<br>If no, describe issues.                                      |   |  |  |  |

## APPENDIX C. WHIRLPOOL SPAS, HOT TUBS, AND HYDROTHERAPY SPAS

**Note: Do NOT complete Appendix C for Jacuzzis or whirlpool baths that are filled from the tap and drained after each use. In many jurisdictions, whirlpool spas are publicly permitted and inspected by the local health authority. An environmental health specialist with expertise in pool and spa inspection should participate in assessment of spas and will be aware of local regulations and enforcement powers, as well as have access to a pool sampling kit. Request copies of the last inspection report as well as routine maintenance logs.**

# Other Water features

- Decorative fountains, water wells, recreational misters...or can be adapted to industrial water uses
- Water source
- Usage patterns
- Maintenance and disinfection

| Water Feature Questions   | Water Feature Descriptor/Location<br>(e.g., lobby fountain, cabana misters) |  |  |  |
|---|---|--|--|--|
|   |   |  |  |  |
| Indoor or outdoor?  |   |  |  |  |
| Source of water   |   |  |  |  |
| Operates continuously (C) or<br>intermittently (I)                                    |   |  |  |  |
| Presence of a heat source?<br>(e.g., incandescent lighting)                           |   |  |  |  |
| Type of disinfectant used<br>(include chemical name,<br>formulation, and amount used) |   |  |  |  |
| Current measured disinfectant<br>level<br>(e.g., free chlorine, bromine)<br>(ppm)     |   |  |  |  |
| Current measured pH   |   |  |  |  |
| Is there a maintenance<br>protocol?   |   |  |  |  |
| Date last cleaned   |   |  |  |  |
| Operating as designed and in<br>good repair?<br>If no, describe issues.               |   |  |  |  |

# Recent or ongoing major construction

## APPENDIX E. RECENT OR ONGOING MAJOR CONSTRUCTION

1. Describe in general the extent of the construction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Was temporary water service provided to the new construction area (i.e., separate meter)?  
☐ YES ☐ NO  
If YES, describe: \_\_\_\_\_  
\_\_\_\_\_
3. Has jack-hammering or pile-driving been used during the construction process?  
☐ YES ☐ NO  
If YES, list dates and locations: \_\_\_\_\_  
\_\_\_\_\_
4. Have there been disruptions or changes to the existing potable water system during the construction?  
☐ YES ☐ NO  
If YES, describe: \_\_\_\_\_  
\_\_\_\_\_
5. Has the potable water changed in terms of taste or color during the construction process?  
☐ YES ☐ NO  
If YES, describe the changes including when they started and ended: \_\_\_\_\_  
\_\_\_\_\_
6. Is there a standard operating procedure (SOP) for shutting down, isolating, and refilling/flushing for water service areas that have been subjected to repair and/or construction interruptions?  
☐ YES ☐ NO  
If YES, briefly describe the steps used in the SOP (attach a copy if possible): \_\_\_\_\_  
\_\_\_\_\_
7. Was the potable water system flushed before occupying the new building space?  
☐ YES ☐ NO  
If YES, what period of time passed between flushing and when the building was occupied? \_\_\_\_\_  
\_\_\_\_\_
8. Complete table on next page.



8. Complete the table below:

| New Building/Wing Name<br>or Remodeled Area | Date<br>construction<br>began | Estimated<br>date of<br>completion | Date water<br>service<br>began or<br>restarted* | Relationship to<br>existing potable<br>water system<br><br>Independent=I<br>Extension of<br>existing system=E | Stories and<br>Square Feet<br>Involved<br><br>(# and Ft²) | Uses<br><br>(e.g., rooms, dining, recreation,<br>utilities)<br><br>For healthcare:<br>Inpatient = I<br>Outpatient = O<br>Both = B<br>Intensive Care = ICU<br>Transplant = Tx | Date<br>occupants<br>began<br>occupying<br>new or<br>remodeled<br>building | Floors<br>currently<br>occupied |
|---|-------------------------------|------------------------------------|---|---|---|--|--|---------------------------------|
|   |                               |                                    |   |   |   |  |  |                                 |
|   |                               |                                    |   |   |   |  |  |                                 |
|   |                               |                                    |   |   |   |  |  |                                 |
|   |                               |                                    |   |   |   |  |  |                                 |

\*If remodeling of existing structure, include water shut-down date and re-start date.

# Environmental Facility Assessments

- Are a key part of a water management plan
- Are a key part of an outbreak response effort

# Contact Information

Ohio Department of Health

Bureau of Environmental Health & Radiation Protection

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