

Monthly Report

Mar 26

Velocity Tower – Sheffield
Mason Owen



Prepared by:
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Evolution Technical Services Ltd
Unit B3 Lowfields Close

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1. Site / Team Structure

Site is supported by our static engineering team and mobile team where required.

Position	Name	Email	Telephone
Account Director	Matt Carver	m.carver@evotech.co.uk	07469 855257
Account Manager	Roberto Varela	r.varela@evotech.co.uk	07812 975815
Helpdesk	Helpdesk	helpdesknortheast@evotech.co.uk	01422 377541

Planned Preventative Maintenance:

- Undertaken by Mobile Engineers

2. Executive Summary of Reporting Month

- All PPM were carried out against the planner and completed on time.
- The TVCC Sample results have not been received to date

3. Service Summary

PPM's Completed

PPM						
Priority	Total Jobs	Open Jobs	Completed Jobs	Missed Jobs	Attended On Time	Completed On Time
PPM	8	0	8	0	8	8
Statutory	6	0	6	0	6	6
Non-Statutory	2	0	2	0	2	2

All PPM tasks are completed.
Introduction of the weekly fire alarm

Velocity Tower - Sheffield

				March			
Asset No.	PLANT ITEM	LOCATION	Freq.	2020-09	2020-10	2020-11	2020-12
Evotech							
1	Emergency Lighting	Common Areas	ALL			M	
2	General Lighting	Common Areas	ALL			M	
3	Disabled Toilet Alarm Operational.	Common Areas	ALL			M	
4	LV Distribution	Common Areas	ALL			A	
5	RCDs	Common Areas	ALL			Q	
6	Hot and Cold Water Temperature Monitoring	Common Areas	ALL			M	
7	Cold Water Booster Set	Water Tank Room	ALL				
8	TMVs	Common Areas	ALL				
Evotech Fire & Security							
9	Fire Alarm	Common Areas	ALL				
10	Fire Extinguishers	Common Areas	ALL				
11	Fire Alarm Monitoring	Common Areas	ALL				
12	Smoke Vents	Common Areas	ALL				
13	Car Park Ventilation	Car Park	ALL				
14	Disabled Refuge	Common Areas	ALL				
15	CCTV	Common Areas	ALL				
16	Access Control	Common Areas	ALL				
17	Disabled Toilet Alarm	Common Areas	ALL				
Specialist Contractors							
18	Water Hygiene Sampling - TVOC/Potable	Common Areas	ALL			Q	
19	Water Hygiene Sampling - Legionella	Common Areas	ALL				
20	Lightning Protection	External	ALL				
21	AC Indoor Condensers	Reception	ALL				
22	AC External Condensers	External	ALL				
23	Heat Recovery Unit	Reception	ALL				
23	Weekly Fire Alarm Bell Test	Common Areas	ALL	W	W	W	W
W = Weekly							
M = Monthly							
Q = Quarterly							
H = Six Monthly							
A = Annual							
Completed							
To Complete							

ENGINEERS CALL OUT REPORT



1 Work Details		Job No: Z03105/132		PPM / WEEK No.	
CLIENT: Sheffield One (UK) Ltd Velocity Tower		Quote No:			
SITE ADDRESS: St Mary's Gate Sheffield S1 4LR		Date: 0 4 0 3 2 6			
		MON TUE WED THU FRI SAT SUN			
		DAY (tick) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
SSRA NUMBER	ORIGINAL	REVIEWED	EXPENSES	PARKING	START TRAVEL
MANDATORY	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	06:56
<small>(Must be completed)</small>		<small>(Please tick)</small>			
				ON SITE	OFF SITE
				07:50	12:29
					FINISH TRAVEL
					JOB COMPLETED
					YES NO
					<small>(Please circle)</small>
2 Description of Works Carried Out					
Please indicate the type of work (tick all that apply) and ensure that you complete the relevant Compliance section and appropriate Certification.					
ELECT MECH GAS WATER AC OTHER					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<small>Please PRINT clearly:</small>					
Em monthly Lighting general Disabled toilet alarm RCD/ RCBO quarterly Monthly tap temps Assisted lift engineer					
2.1 Compliance					
GAS SAFE YES NO					
FLUE OK: <input type="checkbox"/> <input type="checkbox"/>					
VENTILATION OK: <input type="checkbox"/> <input type="checkbox"/>					
GAS RATE OK: <input type="checkbox"/> <input type="checkbox"/>					
APPLIANCE SAFE: <input type="checkbox"/> <input type="checkbox"/>					
Certificates/Notices issued (type/ref):					
<input type="text"/>					
NICEIC - Installation details					
Method of fault protection <input type="text"/>					
System of earthing arrangement					
TN-C-S <input type="checkbox"/>					
TN-S <input type="checkbox"/>					
TT <input type="checkbox"/>					
Protective device for the modified circuit					
Type: <input type="text"/> Rating: <input type="text"/> A					
Essential Tests					
Earth continuity satisfactory <input type="checkbox"/>					
Insulation resistance:					
Live - Live <input type="text"/> MΩ					
Live - Earth <input type="text"/> MΩ					
Earth fault loop impedance <input type="text"/> Ω					
Polarity satisfactory <input type="checkbox"/>					
RCD operation (if applicable)					
$I\Delta n$ Disconnection Time (ms)					
Device Rating (mA) X1 X5					
<input type="text"/> <input type="text"/> <input type="text"/>					
Satisfactory test button operation <input type="checkbox"/>					
F-GAS					
System Register completed (tick): <input type="checkbox"/>					
Cylinder Register completed (tick): <input type="checkbox"/>					
Leak Test completed (tick): <input type="checkbox"/>					
OFFICE USE ONLY					
ACTION REQUIRED Y / N					
MATERIALS ORDERED Y / N					
QUOTATION NUMBER Q					
DATE					
MANAGER					
3 Purchase Orders, Materials & Further Actions					
None		ACTION REQUIRED BY YES NO			
		OFFICE (Please tick): <input type="checkbox"/> <input checked="" type="checkbox"/>			
		SMALL WORKS QUOTATION FORM NUMBER:		<input type="text"/>	
CLIENT			ENGINEER		
SIGNATURE:					
PRINT NAME:			Joseph Davitt		
CONTINUATION SHEETS Qty:		Sheet Numbers:			
<input type="text"/>		<input type="text"/>			

ENGINEERS CALL OUT REPORT



1 Work Details				Job No: Z03105/134		PPM / WEEK No.	
CLIENT: Sheffield One (UK) Ltd Velocity Tower				Quote No:			
SITE ADDRESS: St Mary's Gate Sheffield S1 4LR				Date: 0 6 0 3 2 6			
				MON TUE WED THU FRI SAT SUN			
DAY (tick)				<input type="checkbox"/>		<input checked="" type="checkbox"/>	
SSRA NUMBER		ORIGINAL	REVIEWED	EXPENSES	PARKING	START TRAVEL	ON SITE
MANDATORY		<input type="checkbox"/>	<input type="checkbox"/>	NO		13:03	13:33
<small>(Must be completed)</small>		<small>(Please tick)</small>					15:15
							FINISH TRAVEL
							JOB COMPLETED
							YES NO
							<input checked="" type="checkbox"/> <input type="checkbox"/>
							<small>(Please circle)</small>
2 Description of Works Carried Out							
Please indicate the type of work (tick all that apply) and ensure that you complete the relevant Compliance section and appropriate Certification.							
		ELECT	MECH	GAS	WATER	AC	OTHER
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>Please PRINT clearly:</small>							
Fire alarm test							
2.1 Compliance							
GAS SAFE YES NO							
		FLUE OK:	<input type="checkbox"/>	<input type="checkbox"/>			
		VENTILATION OK:	<input type="checkbox"/>	<input type="checkbox"/>			
		GAS RATE OK:	<input type="checkbox"/>	<input type="checkbox"/>			
		APPLIANCE SAFE:	<input type="checkbox"/>	<input type="checkbox"/>			
Certificates/Notices issued (type/ref):							
NICEIC - Installation details							
Method of fault protection <input type="text"/>							
System of earthing arrangement							
		TN-C-S	<input type="checkbox"/>				
		TN-S	<input type="checkbox"/>				
		TT	<input type="checkbox"/>				
Protective device for the modified circuit							
Type		<input type="text"/>	Rating	<input type="text"/>	A		
Essential Tests							
Earth continuity satisfactory <input type="checkbox"/>							
Insulation resistance:							
Live - Live		<input type="text"/>	MΩ				
Live - Earth		<input type="text"/>	MΩ				
Earth fault loop impedance		<input type="text"/>	Ω				
Polarity satisfactory		<input type="checkbox"/>					
RCD operation (if applicable)							
IΔn		Disconnection Time (ms)					
Device Rating (mA)		X1	X5				
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>				
Satisfactory test button operation <input type="checkbox"/>							
F-GAS							
System Register completed (tick): <input type="checkbox"/>							
Cylinder Register completed (tick): <input type="checkbox"/>							
Leak Test completed (tick): <input type="checkbox"/>							
3 Purchase Orders, Materials & Further Actions							
none				ACTION REQUIRED BY YES NO			
				OFFICE (Please tick): <input type="checkbox"/>		<input checked="" type="checkbox"/>	
				SMALL WORKS QUOTATION FORM NUMBER: <input type="text"/>			
CLIENT				ENGINEER			
SIGNATURE:				SIGNATURE:			
PRINT NAME:				PRINT NAME:		Vytautas Serksnas	
OFFICE USE ONLY							
ACTION REQUIRED		Y / N					
MATERIALS ORDERED		Y / N					
QUOTATION NUMBER Q							
DATE							
MANAGER							

ENGINEERS CALL OUT REPORT



1 Work Details				Job No: Z03105/137				PPM / WEEK No.			
CLIENT: Sheffield One (UK) Ltd Velocity Tower				Quote No:							
SITE ADDRESS: St Mary's Gate Sheffield				Date: 1 3 0 3 2 6							
S1 4LR				MON TUE WED THU FRI SAT SUN							
DAY (tick) <input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>			
SSRA NUMBER		ORIGINAL	REVIEWED	EXPENSES	PARKING	START TRAVEL	ON SITE	OFF SITE	FINISH TRAVEL	JOB COMPLETED	
MANDATORY		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	10:37	12:20	15:01	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<small>(Must be completed)</small>		<small>(Please tick)</small>		<small>(Please circle)</small>							
2 Description of Works Carried Out											
Please indicate the type of work (tick all that apply) and ensure that you complete the relevant Compliance section and appropriate Certification.						ELECT	MECH	GAS	WATER	AC	OTHER
						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please PRWT clearly: March PPM's : Fire alarm test (no paperwork submitted as no access gained to get site log books)											
CONTINUATION SHEETS						Qty:	Sheet Numbers:				
3 Purchase Orders, Materials & Further Actions											
none				ACTION REQUIRED BY		YES	NO				
				OFFICE (Please tick):		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
				SMALL WORKS QUOTATION		FORM NUMBER:					
				FORM NUMBER:							
CLIENT				ENGINEER							
SIGNATURE:				SIGNATURE:							
PRINT NAME:				Vytautas Serksnas							
						2.1 Compliance GAS SAFE YES NO FLUE OK: <input type="checkbox"/> <input type="checkbox"/> VENTILATION OK: <input type="checkbox"/> <input type="checkbox"/> GAS RATE OK: <input type="checkbox"/> <input type="checkbox"/> APPLIANCE SAFE: <input type="checkbox"/> <input type="checkbox"/> Certificates/Notices issued (type/ref): _____ NICEIC - Installation details Method of fault protection _____ System of earthing arrangement TN-C-S <input type="checkbox"/> TN-S <input type="checkbox"/> TT <input type="checkbox"/> Protective device for the modified circuit Type _____ Rating _____ A Essential Tests Earth continuity satisfactory <input type="checkbox"/> Insulation resistance: Live - Live _____ MΩ Live - Earth _____ MΩ Earth fault loop impedance _____ Ω Polarity satisfactory <input type="checkbox"/> RCD operation (if applicable) $I_{\Delta n}$ Disconnection Time (ms) Device Rating (mA) X1 X5 _____ Satisfactory test button operation <input type="checkbox"/> F-GAS System Register completed (tick): <input type="checkbox"/> Cylinder Register completed (tick): <input type="checkbox"/> Leak Test completed (tick): <input type="checkbox"/> OFFICE USE ONLY ACTION REQUIRED Y / N MATERIALS ORDERED Y / N QUOTATION NUMBER Q DATE MANAGER					

ENGINEERS CALL OUT REPORT



1 Work Details				Job No: Z03105/141				PPM / WEEK No.							
CLIENT: Sheffield One (UK) Ltd				Quote No:											
SITE ADDRESS: Velocity Tower St Mary's Gate Sheffield				Date: 2 0 0 3 2 6											
S1 4LR				MON TUE WED THU FRI SAT SUN											
SSRA NUMBER ORIGINAL REVIEWED				EXPENSES PARKING		START TRAVEL		ON SITE OFF SITE FINISH TRAVEL JOB COMPLETED							
<input type="checkbox"/> MANDATORY <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVIEWED				<input type="checkbox"/> NO <input type="checkbox"/>		11:00		12:45 13:45 13:45 <input type="checkbox"/> YES <input type="checkbox"/> NO							
<small>(Must be completed)</small>				<small>(Please tick)</small>				<small>(Please circle)</small>							
2 Description of Works Carried Out															
Please indicate the type of work (tick all that apply) and ensure that you complete the relevant Compliance section and appropriate Certification.				ELECT <input type="checkbox"/>		MECH <input checked="" type="checkbox"/>		GAS <input type="checkbox"/>		WATER <input type="checkbox"/>		AC <input type="checkbox"/>		OTHER <input type="checkbox"/>	
Please PRWT clearly:				Carried out the weekly fire alarm (test point 1st floor lift lobby) all okay											
										2.1 Compliance					
										GAS SAFE YES NO					
										FLUE OK: <input type="checkbox"/> YES <input type="checkbox"/> NO					
										VENTILATION OK: <input type="checkbox"/> YES <input type="checkbox"/> NO					
										GAS RATE OK: <input type="checkbox"/> YES <input type="checkbox"/> NO					
										APPLIANCE SAFE: <input type="checkbox"/> YES <input type="checkbox"/> NO					
										Certificates/Notices Issued (type/ref):					
										<input type="text"/>					
										NICEIC - Installation details					
										Method of fault protection <input type="text"/>					
										System of earthing arrangement					
										TN-C-S <input type="checkbox"/>					
										TN-S <input type="checkbox"/>					
										TT <input type="checkbox"/>					
										Protective device for the modified circuit					
										Type <input type="text"/> Rating <input type="text"/> A					
										Essential Tests					
										Earth continuity satisfactory <input type="checkbox"/>					
										Insulation resistance:					
										Live - Live <input type="text"/> MΩ					
										Live - Earth <input type="text"/> MΩ					
										Earth fault loop impedance <input type="text"/> Ω					
										Polarity satisfactory <input type="checkbox"/>					
										RCD operation (if applicable)					
										Disconnection Time (ms)					
										IΔn Device Rating (mA) X1 X5					
										<input type="text"/> <input type="text"/>					
										Satisfactory test button operation <input type="checkbox"/>					
										F-GAS					
										System Register completed (tick): <input type="checkbox"/>					
										Cylinder Register completed (tick): <input type="checkbox"/>					
										Leak Test completed (tick): <input type="checkbox"/>					
										OFFICE USE ONLY					
										ACTION REQUIRED Y / N					
										MATERIALS ORDERED Y / N					
										QUOTATION NUMBER Q					
										DATE					
										MANAGER					
CONTINUATION SHEETS City: Sheet Numbers:															
3 Purchase Orders, Materials & Further Actions															
n/a				ACTION REQUIRED BY YES NO		OFFICE (Please tick): <input type="checkbox"/> <input checked="" type="checkbox"/>		SMALL WORKS QUOTATION FORM NUMBER:							
				CLIENT		ENGINEER									
SIGNATURE: <i>N/A</i>				<i>Jordan Holnq</i>											
PRINT NAME: n/a				Jordan Holnq											

ENGINEERS CALL OUT REPORT



1 Work Details				Job No: Z03105/142		PPM / WEEK No.			
CLIENT: Sheffield One (UK) Ltd				Quote No:					
Velocity Tower				Date: 2 7 0 3 2 6					
SITE ADDRESS: St Mary's Gate Sheffield				MON <input type="checkbox"/>		TUE <input type="checkbox"/>			
S1 4LR				WED <input type="checkbox"/>		THU <input type="checkbox"/>			
				FRI <input checked="" type="checkbox"/>		SAT <input type="checkbox"/>			
				SUN <input type="checkbox"/>		DAY (tick)			
SSRA NUMBER	ORIGINAL	REVIEWED	EXPENSES	PARING	START TRAVEL	ON SITE	OFF SITE		
MANDATORY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	12:58	13:14	15:11		
<small>(Must be completed)</small>				<small>(Please tick)</small>		<small>(Please circle)</small>			
2 Description of Works Carried Out									
Please indicate the type of work (tick all that apply) and ensure that you complete the relevant Compliance section and appropriate Certification.				ELECT	MECH	GAS	WATER	AC	OTHER
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please PRINT clearly:								2.1 Compliance	
March PPM's:								GAS SAFE	
Fire alarm test								YES NO	
								FLUE OK: <input type="checkbox"/> <input type="checkbox"/>	
								VENTILATION OK: <input type="checkbox"/> <input type="checkbox"/>	
								GAS RATE OK: <input type="checkbox"/> <input type="checkbox"/>	
								APPLIANCE SAFE: <input type="checkbox"/> <input type="checkbox"/>	
								Certificates/Notices Issued (type/ref):	
								<input type="text"/>	
								NICEIC - Installation details	
								Method of fault protection <input type="text"/>	
								System of earthing arrangement	
								TN-C-S <input type="checkbox"/>	
								TN-S <input type="checkbox"/>	
								TT <input type="checkbox"/>	
								Protective device for the modified circuit	
								Type <input type="text"/> Rating <input type="text"/> A	
								Essential Tests	
								Earth continuity satisfactory <input type="checkbox"/>	
								Insulation resistance:	
								Live - Live <input type="text"/> MΩ	
								Live - Earth <input type="text"/> MΩ	
								Earth fault loop impedance <input type="text"/> Ω	
								Polarity satisfactory <input type="checkbox"/>	
								RCD operation (if applicable)	
								IΔn	
								Device Rating (mA)	
								Disconnection Time (ms)	
								X1 X5	
								<input type="text"/>	
								Satisfactory test button operation <input type="checkbox"/>	
								F-GAS	
								System Register completed (tick): <input type="checkbox"/>	
								Cylinder Register completed (tick): <input type="checkbox"/>	
								Leak Test completed (tick): <input type="checkbox"/>	
CONTINUATION SHEETS Qty: <input type="text"/> Sheet Numbers: <input type="text"/>									
3 Purchase Orders, Materials & Further Actions									
none				ACTION REQUIRED BY OFFICE (Please tick):				YES NO	
								<input type="checkbox"/> <input checked="" type="checkbox"/>	
				SMALL WORKS QUOTATION FORM NUMBER:				<input type="text"/>	
CLIENT				ENGINEER				OFFICE USE ONLY	
SIGNATURE:				SIGNATURE:				ACTION REQUIRED Y / N	
PRINT NAME:				Vytautas Serksnas				MATERIALS ORDERED Y / N	
								QUOTATION NUMBER Q	
								DATE	
								MANAGER	

ENGINEERS CALL OUT REPORT



1 Work Details				Job No: Z03105/142		PPM / WEEK No.				
CLIENT: Sheffield One (UK) Ltd				Quote No:						
Velocity Tower				Date: 2 7 0 3 2 6						
SITE ADDRESS: St Mary's Gate Sheffield				MON TUE WED THU FRI SAT SUN						
S1 4LR				DAY (tick) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
SSRA NUMBER	ORIGINAL	REVIEWED	EXPENSES	PARKING	START TRAVEL	ON SITE	OFF SITE	FINISH TRAVEL	JOB COMPLETED	
MANDATORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>	12:58	13:14	15:11	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(Must be completed)</small>				<small>(Please tick)</small>		<small>(Please circle)</small>				
2 Description of Works Carried Out										
Please indicate the type of work (tick all that apply) and ensure that you complete the relevant Compliance section and appropriate Certification.				ELECT	MECH	GAS	WATER	AC	OTHER	
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please PRINT clearly: March PPM's: Fire alarm test										
CONTINUATION SHEETS Qty: <input type="text"/> Sheet Numbers: <input type="text"/>										
3 Purchase Orders, Materials & Further Actions										
none				ACTION REQUIRED BY		YES		NO		
				OFFICE (Please tick):		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
				SMALL WORKS QUOTATION		<input type="text"/>				
				FORM NUMBER:		<input type="text"/>				
CLIENT				ENGINEER						
SIGNATURE:				SIGNATURE:						
PRINT NAME:				Vytautas Serksnas						
				2.1 Compliance						
				GAS SAFE		YES		NO		
				FLUE OK:		<input type="checkbox"/>		<input type="checkbox"/>		
				VENTILATION OK:		<input type="checkbox"/>		<input type="checkbox"/>		
				GAS RATE OK:		<input type="checkbox"/>		<input type="checkbox"/>		
				APPLIANCE SAFE:		<input type="checkbox"/>		<input type="checkbox"/>		
				Certificates/Notices issued (type/ref):						
				<input type="text"/>						
				NICEIC - Installation details						
				Method of fault protection <input type="text"/>						
				System of earthing arrangement						
				TN-C-S <input type="checkbox"/>						
				TN-S <input type="checkbox"/>						
				TT <input type="checkbox"/>						
				Protective device for the modified circuit						
				Type <input type="text"/>		Rating <input type="text"/>		A		
				Essential Tests						
				Earth continuity satisfactory <input type="checkbox"/>						
				Insulation resistance:						
				Live - Live		<input type="text"/>		MΩ		
				Live - Earth		<input type="text"/>		MΩ		
				Earth fault loop impedance		<input type="text"/>		Ω		
				Polarity satisfactory <input type="checkbox"/>						
				RCD operation (if applicable)						
				$I_{\Delta n}$		Disconnection		Time (ms)		
				Device Rating (mA)		X1		X5		
				<input type="text"/>		<input type="text"/>		<input type="text"/>		
				Satisfactory test button operation <input type="checkbox"/>						
				F-GAS						
				System Register completed (tick): <input type="checkbox"/>						
				Cylinder Register completed (tick): <input type="checkbox"/>						
				Leak Test completed (tick): <input type="checkbox"/>						
				OFFICE USE ONLY						
				ACTION REQUIRED		Y / N				
				MATERIALS ORDERED		Y / N				
				QUOTATION NUMBER Q						
				DATE						
				MANAGER						

Water Temperature Checks

Contract:	SHEFFIELD ONE	Date:	4/3/26
Site:	VELOCITY TOWER	Engineer:	J. DAVIES

MONTHLY TASKS			ADDITIONAL MONTHLY TASKS		
Sentinel Tap Temperatures – nearest & furthest from heat source or CWST).	Cold (<20-C)	Hot (>50-C)	CWST Temperatures (should be <20-C)	At Ball Valve	Opposite Ball Valve
Location:			CWST 1	8.1	8.7
Location:			CWST 2	8.0	8.5
Other outlets: 1 per zone or floor. Check different outlets at each visit.	Cold (<20-C)	Hot (>50-C)	Cold Water Mains Inlet Temperature	7.8 °C	
Location:	GAST ACCESS 10.5	33.6/54.7	Notes:		
Location:	STAFF KITCHEN 10.4	58.6			
Location:	STORE WC 10.4	58.9			
Location:	RECEPTION WC 10.5	58.6			
Location:	RECEPTION KITCHEN 10.6	58.9			
Location:	BU STORE-BIB 10.5	—			
Location:	BU STORE-SINK 10.6	59.1			
Location:					
Location:					
Showers; de-scale and disinfect	Every 3 Months		ADDITIONAL ANNUAL TASKS (See relevant form for CWST inspection)		
Location:			Notes:		
Location:					
Location:					
Location:					
Location:					
Calorifiers:	Return >50-C	Flow >60-C	Notes:		
Calorifier 1 Temperatures:					
Calorifier 2 Temperatures:					

COLD WATER AT EACH OUTLET SHOULD BE LESS THAN 20°C WITHIN 2 MINUTES

HOT WATER AT EACH OUTLET SHOULD BE AT LEAST 50°C WITHIN 1 MINUTE

If TMVs fitted to any outlet, readings to be taken upstream of valve using surface temperature probe

Emergency Light Maintenance Record

Emergency Lighting Inspection and Test Certificate

For systems designed to BS 5266-1 and BS EN 50172/BS 5266-8

WARNING:

Full duration tests involve discharging the batteries, so the emergency lighting system will not be fully functional until the batteries have had time to recharge. For this reason, all tests should be undertaken at times of minimum risk. Alternatively, suitable temporary arrangements should be made until the batteries have been recharged.

Contract No:	PPM No:	Region: <i>NIE</i>
Site Details: <i>Velocity Tower Sheffield</i>		

Details of System: <small>(Complete location page 2)</small>		Date of first test:
Date the system commissioned: <i>N/A</i>	Duration of system: <i>3</i> Hours	Automatic Test System fitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

State additions or modifications to the system or the premises since original installation	
Date	Addition or modification

Engineer's Name	Date of Test	Test Type <small>(delete as applicable)</small>	TEST RESULTS	
			PASSED <small>- Sign below -</small>	FAILED <small>- Sign below -</small>
<i>V. Seeksnas</i>	<i>21/11/25</i>	<i>Monthly</i>	<i>[Signature]</i>	
<i>V. Seeksnas</i>	<i>19/12/25</i>	<i>Monthly</i>	<i>[Signature]</i>	
<i>V. Seeksnas</i>	<i>06/01/26</i>	<i>Monthly</i>	<i>[Signature]</i>	
<i>V. Seeksnas</i>	<i>10/02/26</i>	<i>Monthly</i>	<i>[Signature]</i>	
<i>J. DAVY</i>	<i>4/3/26</i>	<i>Monthly</i>	<i>[Signature]</i>	
		Monthly		
		Monthly		
		Monthly		

***Sign as applicable. ALL Failures MUST be recorded on Page 3**

Site / Area / Building Number

2016

Cold Water Storage Tank Inspection Check Sheet



Site Monthly Internal Inspection	Perform storage, flow and return temperature												Parameters												Temperature should be less than 20°C Stored water should be no more than 2°C above the mains supply																										
	JAN				FEB				MAR				APR				MAY				JUN				JUN				JUL				AUG				SEP				OCT				NOV				DEC		
Water Storage Tank	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT	ENTER	EXIT															
Monthly Storage Temperature	8		8.4		8.7																																														
Monthly Ball Valve Inlet Temperature	7.1		7.2		8.1																																														
Date:	06/01		06/02		04/3																																														
Signature:	VS		VS		SD																																														

Annual Internal Inspection Healthiness Comments (see separate sheet if necessary)	Do the internal walls feel slimy?												Are the internal surfaces clean and shiny?																																		
	JAN				FEB				MAR				APR				MAY				JUN				JUL				AUG				SEP				OCT				NOV				DEC		
	Y		N	Y		N	Y		N	Y		N	Y		N	Y		N	Y		N	Y		N	Y		N	Y		N	Y		N	Y		N	Y		N								
Signature:																																															
Date:																																															

RCD/RCBO Check Sheet

2026

Quarterly (or as required)	Test RCD Quarterly by pressing the button marked "T" or "Test"											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
RCD Location												
CCTV Room ^{DB OFFICES} x 5			✓									
RECEPTION DB x 4			✓									
Date Works Carried Out:			4/3/26									
Signature:												

RCD/RCBO Check Sheet

2026

Quarterly (or as required)	Test RCD Quarterly by pressing the button marked "T" or "Test"											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
RCD Location												
CCTV Room ^{DB OFFICES} x 5			✓									
RECEPTION DB x 4			✓									
SWITCH RM DB x 2			✓									
Date Works Carried Out:			4/3/26									
Signature:												

4. Specialist documentation (Sub contractor)

211174

WORK REPORT

Issued By:



HYDRACLEAN LTD
UNIT 7
CROMWELL ROAD
BREDBURY
SK6 2RF
TEL: 0161 430 5100

Client: **Evotech (Evolution Technical Services Ltd)**

Date: **13 March 2026**

Address: **Velocity Tower, St Mary's Gate, Sheffield,
S1 4LR**

Site/Job information:

Site ID: 1993

User Code:

Contract number:

Time scheduled for job:

Customer contact: **helpdesknorth@evotech.co.uk**

Time in: **08:00**

Time out: **08:15**

Reason for visit:

SPECIFIC TASKS

3 monthly full potable sampling from 2x random cold water outlets, -- COMPLETED

3 monthly Legionella sampling from 2x random hot water outlets -- COMPLETED

REASON FOR ANY NON-COMPLETE TASKS:

Comments:

key safe access code 1471

Faults found:

No faults found.

Client

Signature:

Name: **no staff present to sign**

Engineer

Signature:

A handwritten signature in black ink, appearing to read "T. Chappell".

Name: **Thomas Chappell**

Certificate of Analysis for Legionella

Issued by:



HYDRACLEAN LTD
UNIT 7
CROMWELL ROAD
BREDBURY
SK6 2RF
TEL: 0161 430 5100

Date sampled: 13 March 2026

Client: Evotech (Evolution Technical Services Ltd)

Site: Velocity Tower, St Mary's Gate, Sheffield, S1 4LR

Site ID: 1993

System Reference: Communal Kitchen Sink Hot

System Location: Velocity Tower, St Mary's Gate, Sheffield, S1 4LR (1993)

Sample No: 1993/L0015

Sample Type: Hot

This is to certify that we have undertaken an examination of environmental water samples for the presence of Legionella organisms.

A sample of water was taken from the above Client's site and the above System and analysed by an independent UKAS accredited testing authority for the presence of Legionella organisms in accordance with current standards.

RESULTS

<u>TEST</u>	<u>TEMPERATURE</u>	<u>PRE / POST FLUSH</u>	<u>RESULT</u>
LEGIONELLA SPP.	52.0	Pre	NOT DETECTED

Date Certificate Issued: 27 March 2026

Issued by: Elizabeth Green

Certificate of Analysis for Legionella

Issued by:



HYDRACLEAN LTD
UNIT 7
CROMWELL ROAD
BREDBURY
SK6 2RF
TEL: 0161 430 5100

Date sampled: 13 March 2026

Client: Evotech (Evolution Technical Services Ltd)

Site: Velocity Tower, St Mary's Gate, Sheffield, S1 4LR

Site ID: 1993

System Reference: Staff Kitchen Sink Hot

System Location: Velocity Tower, St Mary's Gate, Sheffield, S1 4LR (1993)

Sample No: 1993/L0016

Sample Type: Hot

This is to certify that we have undertaken an examination of environmental water samples for the presence of Legionella organisms.

A sample of water was taken from the above Client's site and the above System and analysed by an independent UKAS accredited testing authority for the presence of Legionella organisms in accordance with current standards.

RESULTS

<u>TEST</u>	<u>TEMPERATURE</u>	<u>PRE / POST FLUSH</u>	<u>RESULT</u>
LEGIONELLA SPP.	58.5	Pre	NOT DETECTED

Date Certificate Issued: 27 March 2026

Issued by: Elizabeth Green