Summary Action Plan

Item in LEV system	Action Required	Priority*	Person to take action	Target Date	Date Completed
Item:					
Insert rows as necessary					
Examiner name	Signature		Client name	Signature	
	Date		**I accept this report**	Date	

Priority – e.g. 1 = high, 2 = normal, 3 = routine
Examiner: green boxes – Employer: yellow boxes

Final Assessment of Level of Control

Substance	
Sources	
Relevant WEL / benchmark used	
Is the system used properly?	Yes / No
Is the system in good repair?	Yes / No
Is the system clean?	Yes / No
Is control adequate (COSHH Regulation 7)?	Yes / No / Uncertain *

* Uncertain: have air sampling and personal exposure monitoring.
Further information – eg COSHH essentials sheet G409

Conclusion on control effectiveness

Examiner's statement and supporting evidence	
General recommendations for action to restore the LEV system to its benchmark condition	

General Information

Company name	
Address	
Name of Designated Person (*In charge of LEV system*)	

System reference number or identifier	
Location of LEV System	
Hazardous substance/s	
Process causing source/s	
Movable / fixed hoods - numbers	
Have there been any changes to the system or the process since the last thorough examination and test?	
LEV system tested during normal use? *	
Number of enclosures / hoods / branches	
Maximum number of enclosures / hoods etc used at once	

If the conditions at the time of the test were different to normal use, state why the tests done were valid:

_____

Since the last thorough examination and test:

Have the materials processed changed? If so, how	
Have the work procedures changed? If so, how	
Has the layout changed? If so, how	

Photograph and Plan of LEV System

Include a photograph of the system and important parts.
Insert a copy of the diagram, eg in the User Guide.
Or make a simple sketch diagram of the LEV system.

Identify the key points of the system
Indicate on the diagram enclosure or hood reference numbers and sampling points.

Carry out a visual inspection and review the physical condition of the LEV system:
Are there any obvious defects - holes, blockages, leaks, and dust heaps, etc?

Visual Appraisal of LEV System

Item	Condition
Capture hood / Receptor hood / Enclosure	
Ducting	
Air cleaner	
Air mover	
Discharge	
Monitoring instruments eg manometers, gauges	
Operator aids e.g. jigs, turntables	

Qualitative assessment of effectiveness

Observation of operators using the LEV:	Observations and comments
Capture hood / Receptor hood / Enclosure	
Monitoring instruments	
Other components	

Qualitative smoke tests / dust lamp tests

Item	Test	Observations and comments
Capture hood / Receptor hood / Enclosure		
Ducting to air mover		
Discharge		

Release smoke at the source of contaminant with the process running normally
Warn employees – you may need to turn off alarms

Enclosures / Hoods

Reference Number or identifier	Process – Source location	Type of hood / enclosure & dimensions	Hood Static Pressure	Face Velocities (range	Average Face Velocity	Capture Velocity *	Volume flow rate	Result vs. bench-mark*
		(m)	(Pa)	(m/s)	(m/s)	(m/s)	(m^3/s)	
Insert extra rows								
Measurement technique used								
Static pressure gauge or flow indicators fitted **		Yes/No						
Comment on performance								
Recommendations and priority ***								

* Only required for capture hoods
** Recommend installing such devices
***eg 1 = high, 2 = normal, 3 = routine

Make a statement whether the LEV system is still achieving the benchmark performance.
If not, recommend the adjustments or repairs needed.

Ducting transporting powders / dusts / droplets

Reference Number or identifier	Test Point Location	Length & type * (m)	Area X-section (m^2)	Benchmark Velocity (m/s)	Average Velocity (m/s)	Flow Rate (m^3/s)	Static Pressure (Pa)
xxx							
Insert extra rows							
Measurement technique used:							
Comments **							
Recommendations and priority ***							

*shape: ○□▢ / other

** include observations on damper settings

***e.g. 1 = high, 2 = normal, 3 = routine

Filter/Collector Device

Type		**Measurement Technique**
Make/Model and identifier		
Filter Medium (if fitted)		
Volume Flow, m^3/s		
Static Pressure at Inlet, Pa		
Static Pressure at Outlet Pa		
Static Pressure across the unit Pa		
Air returned to workplace?	Yes / No	
Comments		
Recommendations and priority *		

*e.g. 1 = high, 2 = normal, 3 = routine

Fan or Air Mover

Type		**Measurement Technique**
Make/Model and identifier		
Rating (kw and rpm)		
Direction of rotation	Correct or incorrect direction	
Volume flow rate (m^3/s)		
Static Pressure at Outlet, Pa		
Static Pressure at Inlet, Pa		
Comments		
Recommendations and priority *		

*e.g. 1 = high, 2 = normal, 3 = routine

Return of exhaust air to workroom

Filter Efficiency		**Measurement Technique**
Static Pressure at Inlet, Pa		
Estimate of concentration of contaminant in returned air		
Comments		
Recommendations and priority *		

*e.g. 1 = high, 2 = normal, 3 = routine

Make-up air

Adequate quantity		**Measurement Technique**
Induced draughts		
Comments		
Recommendations		

Alarms

Hood / enclosure	
Duct	
Air cleaner	
Air mover	
Returned air	
Comments	
Recommendations	

Test Information

Air monitoring – position	Result
(Insert further rows as necessary)	
Comments	
Recommendations	

Records

Date of Previous test	
Date of This Test	
Date Next Test Due	
Test Company Name	
Printed Name of Examiner	
Signature of Examiner	

The employer should keep the record of the examination and test for at least five years. And keep a copy at the workshop containing the LEV system.

The examiner should complete the 'thorough examination and test' report, date and sign it, and deliver it to the client.

Process operators also need information. The examiner should attach a simple label to each LEV hood, indicating its effectiveness:

Examiner should attach a simple label to every hood examined and tested

Test Record

Test date:..... Next test:..... Examiner:.....	

Where control failure requires remedy or repair, the examiner should instead attach a red 'fail' label to the hood

Inadequate control

Test date:..... Next test:..... Examiner:.....	F A I L

The details appear in the Summary Action Plan (above), part of the examiner's report.
The employer must plan and schedule repair and re-test.