Areas of Interest



Company Name:	LCA Reg. No:	KEEPING WATER SYSTEMS SA						
Please tick all categories which your organisation offers, and also the appropriate sub-categories relevant to your organisation. (PLEASE SEE OVERLEAF FOR NOTES ON COMPLETING THIS FORM*)								
1. Legionella Risk Assessment Services	6. Training S	ervices						
1.1 Hot & Cold Water Services	In-house	Sub-contracted / LCA reg.						
In-house Sub-contracted / LCA reg.								
1.2 Evaporative Cooling Systems	7. Legionella	7. Legionella Analytical Services						
In-house Sub-contracted / LCA reg.	7.1 Sampling	I						
1.3 Process & Other Systems	In-house	Sub-contracted / LCA reg.						
In-house Sub-contracted / LCA reg.	7.2 Laborato	ry Analysis						
	UKAS accred	ited for legionella						
2. Water Treatment Services	In-house	Sub-contracted / LCA reg.						
2.1 Chemicals	7.3 Interpret	ation of Analysis						
In-house Sub-contracted / LCA reg.	In-house	Sub-contracted / LCA reg.						
2.2 Dosing and/or Control Systems								
In-house Sub-contracted / LCA reg.	8. Plant & Equipment Services							
2.3 On-site analytical and monitoring services	8.1 Installatio							
In-house Sub-contracted / LCA reg.	In-house	Sub-contracted / LCA reg.						
in house Sub contracted / Lewieg.	8.2 Refurbishment							
3. Hot & Cold Water Monitoring and Inspection Services	In-house	Sub-contracted / LCA reg.						
In-house Sub-contracted / LCA reg.	8.3 Servicing							
	In-house	Sub-contracted / LCA reg.						
4. Cleaning & Disinfection Services	8.4 Design &	Supply						
In-house Sub-contracted / LCA reg.	In-house	Sub-contracted / LCA reg.						
5. Independent Consultancy Services	9. Facilities I	Management Services						
In-house Sub-contracted / LCA reg.	In-house	Sub-contracted / LCA reg.						
All categories selected will be shown on your Certificate of Regis Categories will be charged at the rate on the Registration Form.	tration and the website.							
Do you have any Accredited Quality Assurance system releva	ant to water treatment?							
QA details:								

Signed:	Print Name
Date:	Mobile No:

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