

**LEGIONELLA RISK REDUCTION PROGRAMME
WEEKLY FOUNTAIN TREATMENT RECORDS**



Year _____

Month _____

Name of Fountain _____

Signature of *Legionella* Risk Manager _____

Week	Chlorine added? (yes/no)	Chlorine level 1 hour after dosing?	pH Reading hour after dosing	General comments	Signed	Corrective Action
1						
2						
3						
4						
5						

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