

**LEGIONELLA RISK REDUCTION PROGRAMME
MONTHLY INSPECTIONS ON FILTER SYSTEM**



Year _____

Signature of *Legionella* Risk Manager _____

Month	Dirt build up (yes/no)	Filter cleaned (yes/no)	Filter damaged (yes/no)	Filter repaired or replaced (yes/no)	General condition (please describe)	Signed	Corrective Action
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							