

**LEGIONELLA RISK REDUCTION PROGRAMME
MONTHLY INSPECTIONS ON WATER FOUNTAINS/ FEATURES**



Year _____

Name of fountain _____

Signature of *Legionella* Risk Manager _____

Month	Algae build up? (yes/no)	Water clean & clear (yes/no)	Dirt build up (yes/no)	Filters backwashed/ cleaned? (yes/no)	Fountains or features dosed with chlorine (3 to 5mg/L)	pH Readings	General condition (please describe)	Signed	Corrective Action
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									

