

**LEGIONELLA RISK REDUCTION PROGRAMME
DAILY INSPECTIONS ON JACUZZI SYSTEM**



Year _____ Month _____

Signature of *Legionella* Risk Manager _____

Date	Chlorine Records (2 to 3 mg/l)	Filters backwashed (yes/no)	Half of water replaced (yes/no)	Entire system cleaned weekly (yes/no)	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Notes: