

**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
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