***LEGIONELLA* RISK REDUCTION PROGRAMME**
**MONTHLY INSPECTIONS ON COLD WATER SYSTEM**

Year _____

Signature of *Legionella* Risk Manager _____

| Month | Flaking Paint (yes/no) | Rust (yes/no) | Water leaks (yes/no) | Dirt build up (yes/no) | Temp <25℃ (yes/ no) | General condition (please describe) | Signed | Corrective Action |
|---|---|---|---|---|---|---|---|---|
| January | | | | | | | | |
| February | | | | | | | | |
| March | | | | | | | | |
| April | | | | | | | | |
| May | | | | | | | | |
| June | | | | | | | | |
| July | | | | | | | | |
| August | | | | | | | | |
| September | | | | | | | | |
| October | | | | | | | | |
| November | | | | | | | | |
| December | | | | | | | | |