***LEGIONELLA* RISK REDUCTION PROGRAMME**
MONTHLY INSPECTIONS ON COOLING TOWERS

Year _____

Signature of *Legionella* Risk Manager _____

Month	Flaking Paint (yes/no)	Rust (yes/no)	Water leaks (yes/no)	Scale build up (yes/no)	Treatment chemical (yes/ no)	General condition (please describe)	Signed	Corrective Action
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								