***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)	Slime build up? (yes/no)	Water clean & clear (yes/no)	Dirt build up (yes/no)	Filters backwashed / cleaned? (yes/no)	General condition (please describe)	Signed	Corrective Action
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								