

LEGIONELLA RISK REDUCTION PROGRAMME
MONTHLY INSPECTIONS ON SHOWER HEADS AND TAPS IN ROOMS



Year _____

Signature of *Legionella* Risk Manager _____

Month	Date	Scale build up (yes/no)	Number of rooms checked	List the room numbers checked	General condition (please describe)	Signed	Corrective Action
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							