

**LEGIONELLA RISK REDUCTION PROGRAMME
WEEKLY FOUNTAIN TREATMENT RECORDS**



Year _____ Month _____

Name of Fountain _____

Signature of *Legionella* Risk Manager _____

Week	Chlorine added? (yes/no)	Chlorine level 1 hour after dosing?	General comments	Signed	Corrective Action
1					
2					
3					
4					
5					

Notes: