Legionella flushing record

Site or building: _____ Kept by: _____ Period: _____ Sheet _____ of _____

This sheet is a record of flushing only. It does not replace your legionella risk assessment or written scheme of control, or the advice of a competent water hygiene contractor.

Date	Building and floor	Outlet	Outlet ID	Hot, cold or both	Run for (mins)	Flushed by	Notes

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