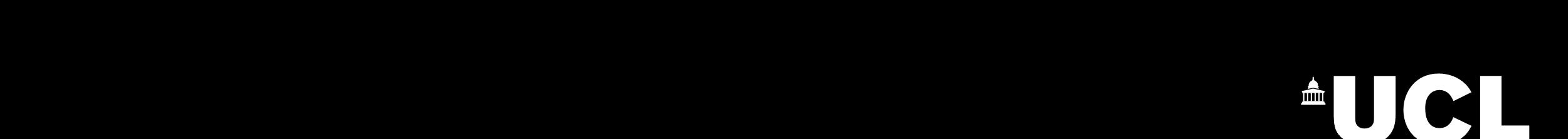
**DEPARTMENT OF ELECTRONIC AND ELECTRICAL ENGINEERING**

**Weekly Legionella Sink Flush**



Please fill this form every week, either flush this sink for a minimum of 2 minutes or indicate if in constant use.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Person | Please tick one of the below | |
| I have run the tap for 2 mins | The tap is in constant use |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| These records must be kept locally. | | | |