

CHA Bacteria Water Testing Results

Please print:

Centre Name:

Owner:

Original Test Results Attached For:

BACTERIOLOGICAL

Q1 – OCT, NOV, DEC

Q2 – JAN, FEB, MAR

Q3 – APR, MAY, JUN

Q4 – JUL, AUG, SEPT

Water Quality Management Form

OPTIONAL LEGIONELLA

Q1-2 – 6 monthly Legionella

Q3-4 – 6 monthly Legionella

Scan and email to watertestresults@gmail.com **OR**

Post tracked mail:

Michelle Silvester
Aquatic Canine Therapy
214 Newtown Road
Newbury
Berkshire
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