

Monthly Chlorination Report - Online Instrument



WATER SYSTEM: _____

WATER SYSTEM CODE: _____

MONTH: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec YEAR: 20_____

OPERATOR-IN-CHARGE: _____

Date	Operator's Initials	Confirmatory Results in mg/L	Average Readings of Free Chlorine in mg/L	Minimum Readings of Free Chlorine in mg/L
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				

Total Number of Measurements, A:

Minimum Free Chlorine Standard:

Number of Measurements Meeting Standard, B:

COMPLIANCE, C = B/A X 100%:

Submitted by (Print): _____

DISTRIBUTION:
FORWARD THE ORIGINAL TO YOUR DRINKING WATER OFFICER
RETAIN A COPY FOR YOUR RECORDS

A:	A:
0.5 mg/L	0.5 mg/L
B:	B:

Signature: _____

PLEASE CONTACT YOUR DRINKING WATER OFFICER WITH ANY COMMENTS, QUESTIONS OR CONCERNS