

# Monthly Chlorination Report

Water System Name: \_\_\_\_\_ Water System Code: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Operator-in-charge (Print): \_\_\_\_\_ Other Operators (Print): \_\_\_\_\_

Daily Consumption Units: \_\_\_\_\_

Flow Meter for Daily Consumption: (circle choice) Raw Treated No Metering

Date	Time	Operator Initials	Confirmatory Free Chlorine *Portable	Confirmatory Free Chlorine *Display	Total Chlorine	# of Free Chlorine Readings				Daily Consumption
						Avg.	Min.	Total	< STND	
1										
....										
31										

Submitted by (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

## Required Fields:

1. **Header:** Water System Name, Code, Month, Year, Operator-in-charge, Other Operators, Daily Consumption Units, Flow Meter for Daily Consumption
2. **Date:** Day of the Month
3. **Time:** Time of the day when results were taken
4. **Operator Initials:** Operator who took readings
5. **Confirmatory Free Chlorine Portable:** Take and record portable free chlorine measurement
6. **Confirmatory Free Chlorine Display:** Record on-line display measurement at the same time as confirmatory portable
7. **Total Chlorine:** Take and record portable total chlorine measurement
8. **# of Free Chlorine Reading:** Measurements recorded
  - a. **Avg.:** Average daily reading
  - b. **Min.:** Minimum daily reading
  - c. **Total:** Total number of readings recorded
  - d. **< STND:** Number of readings that were below the normal operating standard
9. **Daily Consumption:** Record daily consumption
10. **Signature Block:** Printed name and signature of operator submitting report.