

Monthly Ultraviolet (UV) Report

Water System Name: _____ Water System Code: _____

Month: _____ Year: _____

Operator-in-charge (Print): _____ Other Operators (Print): _____

Unit: _____

Daily Consumption Units: _____

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

Date	Time	Initials	Alarm (A) or Warning (W)	Time in By-pass (hrs)	Daily Consumption
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Date	Time	Initials	Alarm (A) or Warning (W)	Time in By-pass (hrs)	Daily Consumption
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Monthly Consumption					

Date	Actions Taken to Resolve Alarm/Warning AND/OR Maintenance

Submitted by (Print): _____ Signature: _____

PLEASE REFER TO OPERATING LICENCE FOR APPLICABLE TREATMENT STANDARDS AND MONITORING REQUIREMENTS.
PLEASE CONTACT YOUR DRINKING WATER OFFICER WITH ANY COMMENTS, QUESTIONS OR CONCERNS.

