Monthly Ultraviolet (UV) Report

Water System Name: ___________________________  Water System Code: ______________

Month: __________  Year: __________

Operator-in-charge (Print): ______________________  Other Operators (Print): ______________________________________

Flow Units: Imperial Gallons, U.S. Gallons, Cubic Meters

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Operator Initials</th>
<th>Unit 1</th>
<th>Alarm or Warning</th>
<th>UV Dose Min.</th>
<th>UV Dose Avg.</th>
<th>Total flow through unit</th>
<th>Total flow By-pass</th>
<th>% Disinfected</th>
<th>Actions Taken to Resolve Alarm/Warning AND/OR Maintenance</th>
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Submitted by (Print): ________________________________  Signature: ___________________________________

Required Fields:

1. **Header:** Water System Name, Code, Month, Year, Operator-in-charge, Other Operators
2. **Flow Units:** Identify which units are used for expressing flow.
3. **Date:** Day of the Month
4. **Time:** Time operator visually inspected UV units
5. **Operator Initials:** Operator who took readings
6. **Unit 1:** Information within the highlighted area must be captured for each operating UV unit
   a. **Alarm or Warning:** Total number of alarms or warnings per day
   b. **UV Dose or Intensity:** Record minimum and average UV dose or intensity per day
   c. **Total Flow through unit:** Amount of water flowing through the UV units. Expressed in imperial gallons per minutes, litres per minute, cubic meters
   d. **Total flow By-pass:** Amount of water entering the water system without being treated at validated conditions. Expressed in imperial gallons per minutes, litres per minute, cubic meters
   e. **% Disinfected:** Percent of water treated to required dose or intensity
7. **Actions Taken to Resolve Alarm/Warning AND/OR Maintenance:** Describe actions taken
8. **Signature Block:** Printed name and signature of operator submitting report.