# Monthly Algae Monitoring Report

- **Water System Name:** ___________________________
- **Water System Code:** __________
- **Month:** __________  **Year:** __________  **Operator-in-charge (Print):** ______________________
- **Other Operators (Print):** ____________________________________

### Required Instructions:
- Complete the form weekly
- If a bloom is present, take photos and report the bloom to your regional Drinking Water Officer (DWO)
- Submit the completed form to your regional DWO at the end of September

### Optional Instructions (following the presence of a bloom):
- If using test strips, test the raw water every three days until bloom has passed, if toxins are present, contact your regional DWO and test the treated water
- If you are unsure if your treatment can effectively remove microcystin toxins, contact your regional DWO

## Visual Inspection

<table>
<thead>
<tr>
<th>Required</th>
<th>Week of</th>
<th>Date/Initials</th>
<th>Temperature</th>
<th>Location</th>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Wet Well</td>
<td>Clarifier</td>
<td>Filters</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Optional

<table>
<thead>
<tr>
<th>Date/Initials</th>
<th>Location</th>
<th>Raw water test strip</th>
<th>Treated water test strip</th>
<th>Treated water Laboratory</th>
</tr>
</thead>
</table>

- **Submitted by (Print):** ________________________________  **Signature:** ____________________________________