

Disinfection Records

Site Name & ID: _____ Phase: _____ City Block #: _____

Company Performing Disinfection: _____ Operators Name(S): _____

Total Samples #: _____	Date: _____		Date: _____		Date: _____		Date: _____			
	Round #: _____ N/A	Operator Name & Initials: _____	Round #: _____ N/A	Operator Name & Initials: _____	N/A	Operator Name & Initials: _____	Flushing Round (Flushing/Chlorination) #: _____ Operator Name & Initials: _____			
Sample Location (ID & Description)	Turbidity (NTU)	Time (hh:mm)	Chlorination (mg/L)	Time (hh:mm)	Dechlorination (Min.24 hrs Contact Time) (mg/L)	Time (hh:mm)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Time (hh:mm)