

Name of system: _____ Month: _____ Year: _____

Operator name (print): _____

Operational Checks									
Date	Location	Turbidity (NTU)	FAC (ppm)	Operator initials	Date	Location	Turbidity (NTU)	FAC (ppm)	Operator initials
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

Sampling Requirements		
Date:	Date:	Date:
FAC (PPM):	FAC (PPM):	FAC (PPM):
Location of sample:	Location of sample:	Location of sample:
Results	Results	Results
E.coli:	E.coli:	E.coli:
Total Coliforms:	Total Coliforms:	Total Coliforms:
Record of Incidents (e.g. preventative maintenance, plumbing, equipment failures, repairs, operational checks)		
		Date
		Date
		Date
		Date
Operator Information – Review to verify accuracy and sign completed form		
Operator Signature		Date