Chlorine Residual Log

MONTH

WATER SYSTEM _____ PWS ID _____

OPERATOR(S) _____ TEST METHOD _____

DATE	TIME	SAMPLE LOCATION	FREE CHLORINE mg/L	TOTAL CHLORINE mg/L	INITIALS	NOTES
RANGE			_____ to _____	_____ to _____		
1						
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31						

Corrections: draw one line through the error, write the correct value beside it, then initial and date. Never erase or use correction fluid.

REVIEWED BY _____ DATE _____