



# Fluoridation Monthly Operations Report Form

## for Sodium Fluoride Saturators

DOH Form 331-496-F

Dec-14

System Name: \_\_\_\_\_

System ID No: \_\_\_\_\_

FIP No: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date	Water Production		Fluoride Additive			Monitoring	
	Meter Reading (1000 gals)	Vol Treated (1000 gals)	Added to Saturator (lbs)	Meter Reading (gals)	Volume Used (gals)	Calculated Dosage (mg/L)	Field Test Result* (mg/L)
Prev.							
1							
2							
3							
4							
5							
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7							
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10							
11							
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22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total							
Min							
Max							
Avg							
Count Total							
Count within range							
Percent within range							

*The Department of Health supports water fluoridation as a sound population-based public health measure, and supports communities in their efforts to maintain and fluoridate community water supplies.*

**Raw Water Data:**

Date of last sample: \_\_\_\_\_

Lab result: \_\_\_\_\_ mg/L

**Fluoride Additive Data:**

Manufacturer: \_\_\_\_\_

Is product ANSI-NSF Standard 60 approved?  Yes

**Testing and Monitoring:**

\*Instrument used in Field Testing (make/model): \_\_\_\_\_

Method used (check one):  SPADN  Electrode

**Weekly Instrument Calibration:**

Date	Standard mg/L	Result mg/L

Date Split Sample Taken: \_\_\_\_\_

**Process Interruptions (date/time):**

1st Start:	
End:	
2nd Start:	
End:	
3rd Start:	
End:	
4th Start:	
End:	

**Explain cause and corrective actions taken for interruption(s) on back of page.**

**Please send your report to us by the 10th day of the following month.**

Certified Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Washington Certification No.: \_\_\_\_\_

