**Disinfection Record Form**

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| --- | --- |
| **Date of discharge:** | **Time:** |
| **Location of discharge:** | |
| **Reason for disinfection:** | |
| **Description of pipe or reservoir to be disinfected** [size, material, etc]**:** | |
| **Chemical used: Quantity:** | |
| **Method of application:** | |
| **Residual chlorine check after disinfection** [to be completed after the construction/repair of a pipeline]**:** | |
| **Residual chlorine check 24 hours after disinfection** [to be completed after the construction/repair of a pipeline]**:** | |

Signed: ……………………………………………………… Date: ………………………

All completed forms are to be filed at Pomare Depo with the project files.