Attachment E – Flushing Log Pre-and Post-Disinfection Flushing

School Name	
Building ID	
Address	

I. WATER PRE-DISINFECTION

Name of Individual Performing the Flushing (include Co. name)	Floor & Room No.	Type of Outlet	Date	Start Time	End Time
	<u>l</u>	1	l		

Attachment E – Flushing Log (Cont.) Pre-and Post-Disinfection Flushing

II. WATER POST-DISINFECTION

Name of Individual Performing the Flushing (include Co. name)	Floor & Room No.	Type of Outlet	Date	Start Time	End Time
Signature of Individu	Date				
Signature of SCA Pro	Date				

Attachment E – Flushing Log (Cont.)

Post-Remedial Flushing

III. FLUSHING FOLLOWING LEAD REMEDIAL ACTIVITIES

Floor & Rm No.	Type of Outlet	Date	<u>Day 1</u>	<u>Day 1</u>	Day 2	Day 2	<u>Day 3</u>	Day 3	Initials
			Start Time	End Time	Start Time	End Time	Start Time	End Time	
1									