

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 Individual who Performed Flushing

Date

Signature of SCA Project Officer

Date

