



Manual Flushing Log Lead And Copper Remediation

Name of School: _____

Address of School: _____

Location of Flushing Device Within School: _____

Month: _____

Day	Duration of Flush		Operator's Name (Please Print)	Operator's Signature
	Start Time	End Time		
1				
2				
3				
4				
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31				

Name of Operator/ or Authorized Personnel Conducting Flushing:

Print Name

Sign Name

NOTE: Use one log per flushing location. It is the responsibility of the school's principal to ensure that this log and /or a copy of it is kept on file at all times.