



Fluoridation Monthly Operations Report Form

Fluorosilicic Acid / Sodium Fluorosilicate

DOH Form 331-497
Dec. 2014

System Name: _____ System ID No: _____
 FIP No: _____ Month/Year: _____
 Contact Person: _____ Telephone No: _____

Date	Water Production		Fluoride Additive		Monitoring	
	Meter Reading (MG)	Volume Treated (MG)	Total Remaining (gals) or (lbs)	Quantity Used (gals) or (lbs)	Calculated Dosage (mg/L)	Field Test Result* (mg/L)
Prev.						
1						
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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:

Fluorosilicic Sodium Fluorosilicate
 Manufacturer: _____
 Is product ANSI-NSF Standard 60 approved? Yes
 Percent strength of acid used: _____ %
 Specific Gravity (SG) of acid: _____ g/cm²

Testing and Monitoring:

*Instrument used in Field Testing (make/model): _____
 Method used (check one): SPADNS 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:	

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.: _____
 For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

