**Contract Time:**

Checked by:

Approved by:



Date: _____

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Conducted by:



CARCAR WATER DISTRICT

Quarterly Report on Government Projects/Programs/Activities (243)

For the _____ Quarter, CY _____

Agency/Address	Project/Program/Activity Name	Location	Total Cost	Date Started	No. of Extensions	Target Completion Date	Actual Completion Date	Project Status		Remarks
								% of Completion	Total Cost Incurred to Date	

Submitted by:

Carcar Water District - General Manager

UNCONTROLLED COPY



CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu

MAINTENANCE ORDER FORM

MOF#: _____
DATE _____

Name: _____
Service Address: _____
Account No. _____

Reported By: _____
Time Reported: _____
Prepared By: _____
Approved By: _____

Complain: _____

Remarks: _____

Date of Completion: _____

Time Started: _____ Time Finished: _____

Plumber

Concessionaire

UNCONTROLLED COPY

ACTIVITY / ACCOMPLISHMENT MONITORING

PROJECT :
DATE :

ACTIVITY	TIME										REMARKS
	8	9	10	11	12	1	2	3	4	5	
MATERIALS	QTY	UNIT	MATERIALS					QTY	UNIT		
LABOR :											
TOOLS AND EQUIPMENT :											

Prepared by:

Checked by:

Approved by:





Employee's Name: _____
Designation: _____

[illegible]

MONITORED BY:



1. LEAKAGES

UNCONTROLLED COPY

2. FLUSHING

3. OVERFLOW

4. FLOW METER READINGS

Page 1

[illegible][illegible][illegible][illegible]

17. FIRE HYDRANT FLOW METER READINGS

Area	Last Week	This Week	This Period
TOTAL (CU.M.)			

18. RETURNED MATERIALS

[illegible]

19. SUPPORT SERVICES

[illegible]

Vehicles				

20. OTHER CONCERNS

ACTIVITIES	DUE DATE	IN CHARGE	REMARKS

Prepared by:

Checked by:

Attested:



CARCAR WATER DISTRICT

O & M - WEEKLY SCHEDULE

MONTH OF _____

ACTIVITIES	Target	TUE	WED	THU	FRI	MON	REMARKS
NORTH A							
NORTH B							
POBLACION							
SOUTH							

UNCONTROLLED COPY



Month of _____

AREA: _____

MANPOWER

UNCONTROLLED COPY

CWD CLEANING OF RESERVOIR CHECKLIST

DATE :

LOCATION :

WATER LEVEL :

- ☐ Prepare Tools and Equipment
- ☐ Drain at Low Water Level
- ☐ Observe Proper Hygiene
- ☐ Remove Sediments
- ☐ Disinfect the Reservoir Surface
- ☐ Open Inlet Valve/Close Drain Valve

CHECKED BY: _____

FM-MNT-07

00

8-20-16

CWD CLEANING OF RESERVOIR CHECKLIST

DATE :

LOCATION :

WATER LEVEL :

- ☐ Prepare Tools and Equipment
- ☐ Drain at Low Water Level
- ☐ Observe Proper Hygiene
- ☐ Remove Sediments
- ☐ Disinfect the Reservoir Surface
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CHECKED BY: _____

FM-MNT-07

00

8-20-16

CWD CLEANING OF RESERVOIR CHECKLIST

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CHECKED BY: _____

FM-MNT-07

00

8-20-16

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CHECKED BY: _____

FM-MNT-07

00

8-20-16

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CHECKED BY: _____

FM-MNT-07

00

8-20-16

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CHECKED BY: _____

FM-MNT-07

00

8-20-16

CWD CLEANING OF RESERVOIR CHECKLIST

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LOCATION :

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CWD CLEANING OF RESERVOIR CHECKLIST

DATE :

LOCATION :

WATER LEVEL :

- ☐ Prepare Tools and Equipment
- ☐ Drain at Low Water Level
- ☐ Observe Proper Hygiene
- ☐ Remove Sediments
- ☐ Disinfect the Reservoir Surface
- ☐ Open Inlet Valve/Close Drain Valve

UNCONTROLLED COPY

<u>CWD INSTALLATION OF PIPELINE CHECKLIST</u>	<u>CWD INSTALLATION OF PIPELINE CHECKLIST</u>	<u>CWD INSTALLATION OF PIPELINE CHECKLIST</u>
PROJECT TITLE:	PROJECT TITLE:	PROJECT TITLE:
DATE :	DATE :	DATE :
LOCATION :	LOCATION :	LOCATION :
<input type="checkbox"/> Excavate the Design Trench Dimension <input type="checkbox"/> Observe Proper Pipeline Installation <input type="checkbox"/> Backfilling and Compaction <input type="checkbox"/> Disinfection <input type="checkbox"/> Hydro Testing	<input type="checkbox"/> Excavate the Design Trench Dimension <input type="checkbox"/> Observe Proper Pipeline Installation <input type="checkbox"/> Backfilling and Compaction <input type="checkbox"/> Disinfection <input type="checkbox"/> Hydro Testing	<input type="checkbox"/> Excavate the Design Trench Dimension <input type="checkbox"/> Observe Proper Pipeline Installation <input type="checkbox"/> Backfilling and Compaction <input type="checkbox"/> Disinfection <input type="checkbox"/> Hydro Testing
CHECKED BY: _____	CHECKED BY: _____	CHECKED BY: _____
FM-MNT-08 00 8-20-16	FM-MNT-08 00 8-20-16	FM-MNT-08 00 8-20-16

<u>CWD INSTALLATION OF PIPELINE CHECKLIST</u>	<u>CWD INSTALLATION OF PIPELINE CHECKLIST</u>	<u>CWD INSTALLATION OF PIPELINE CHECKLIST</u>
PROJECT TITLE:	PROJECT TITLE:	PROJECT TITLE:
DATE :	DATE :	DATE :
LOCATION :	LOCATION :	LOCATION :
<input type="checkbox"/> Excavate the Design Trench Dimension <input type="checkbox"/> Observe Proper Pipeline Installation <input type="checkbox"/> Backfilling and Compaction <input type="checkbox"/> Disinfection <input type="checkbox"/> Hydro Testing	<input type="checkbox"/> Excavate the Design Trench Dimension <input type="checkbox"/> Observe Proper Pipeline Installation <input type="checkbox"/> Backfilling and Compaction <input type="checkbox"/> Disinfection <input type="checkbox"/> Hydro Testing	<input type="checkbox"/> Excavate the Design Trench Dimension <input type="checkbox"/> Observe Proper Pipeline Installation <input type="checkbox"/> Backfilling and Compaction <input type="checkbox"/> Disinfection <input type="checkbox"/> Hydro Testing
CHECKED BY: _____	CHECKED BY: _____	CHECKED BY: _____
FM-MNT-08 00 8-20-16	FM-MNT-08 00 8-20-16	FM-MNT-08 00 8-20-16

UNCONTROLLED COPY

CWD INSTALLATION OF PIPELINE CHECKLIST

PROJECT TITLE:

DATE :

LOCATION :

- ☐ Excavate the Design Trench
Dimension
- ☐ Observe Proper Pipeline
Installation
- ☐ Backfilling and Compaction
- ☐ Disinfection
- ☐ Hydro Testing

CWD INSTALLATION OF PIPELINE CHECKLIST

PROJECT TITLE:

DATE :

LOCATION :

- ☐ Excavate the Design Trench
Dimension
- ☐ Observe Proper Pipeline
Installation
- ☐ Backfilling and Compaction
- ☐ Disinfection
- ☐ Hydro Testing

CWD INSTALLATION OF PIPELINE CHECKLIST

PROJECT TITLE:

DATE :

LOCATION :

- ☐ Excavate the Design Trench
Dimension
- ☐ Observe Proper Pipeline
Installation
- ☐ Backfilling and Compaction
- ☐ Disinfection
- ☐ Hydro Testing

UNCONTROLLED COPY

CWD REPAIR LEAK CHECKLIST

DATE : BEFORE THE METER
LOCATION : AFTER THE METER

- ☐ Prepare Tools and Equipment
- ☐ Follow the Design Trench Dimension
- ☐ Proper Installation of Fitting/Materials
- ☐ Open Gate Valves and Control
- ☐ Leak Test
- ☐ Flush the Pipeline
- ☐ Proper Restoration

CHECKED BY: _____

FM-MNT-09 00 8-20-16

CWD REPAIR LEAK CHECKLIST

DATE : BEFORE THE METER
LOCATION : AFTER THE METER

- ☐ Prepare Tools and Equipment
- ☐ Follow the Design Trench Dimension
- ☐ Proper Installation of Fitting/Materials
- ☐ Open Gate Valves and Control
- ☐ Leak Test
- ☐ Flush the Pipeline
- ☐ Proper Restoration

CHECKED BY: _____

FM-MNT-09 00 8-20-16

CWD REPAIR LEAK CHECKLIST

DATE : BEFORE THE METER
LOCATION : AFTER THE METER

- ☐ Prepare Tools and Equipment
- ☐ Follow the Design Trench Dimension
- ☐ Proper Installation of Fitting/Materials
- ☐ Open Gate Valves and Control
- ☐ Leak Test
- ☐ Flush the Pipeline
- ☐ Proper Restoration

CHECKED BY: _____

FM-MNT-09 00 8-20-16

UNCONTROLLED COPY

CWD REPAIR LEAK CHECKLIST

DATE : BEFORE THE METER
LOCATION : AFTER THE METER

- ☐ Prepare Tools and Equipment
- ☐ Follow the Design Trench Dimension
- ☐ Proper Installation of Fitting/Materials
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CHECKED BY: _____

FM-MNT-09 00 8-20-16

CWD REPAIR LEAK CHECKLIST

DATE : BEFORE THE METER
LOCATION : AFTER THE METER

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- ☐ Proper Installation of Fitting/Materials
- ☐ Open Gate Valves and Control
- ☐ Leak Test
- ☐ Flush the Pipeline
- ☐ Proper Restoration

CHECKED BY: _____

FM-MNT-09 00 8-20-16

CWD REPAIR LEAK CHECKLIST

DATE : BEFORE THE METER
LOCATION : AFTER THE METER

- ☐ Prepare Tools and Equipment
- ☐ Follow the Design Trench Dimension
- ☐ Proper Installation of Fitting/Materials
- ☐ Open Gate Valves and Control
- ☐ Leak Test
- ☐ Flush the Pipeline
- ☐ Proper Restoration

CHECKED BY: _____

FM-MNT-09 00 8-20-16

UNCONTROLLED COPY

<u>CWD REPAIR LEAK CHECKLIST</u>		<u>CWD REPAIR LEAK CHECKLIST</u>		<u>CWD REPAIR LEAK CHECKLIST</u>	
DATE :	BEFORE THE METER	DATE :	BEFORE THE METER	DATE :	BEFORE THE METER
LOCATION :	AFTER THE METER	LOCATION :	AFTER THE METER	LOCATION :	AFTER THE METER
<input type="checkbox"/> Prepare Tools and Equipment		<input type="checkbox"/> Prepare Tools and Equipment		<input type="checkbox"/> Prepare Tools and Equipment	
<input type="checkbox"/> Follow the Design Trench Dimension		<input type="checkbox"/> Follow the Design Trench Dimension		<input type="checkbox"/> Follow the Design Trench Dimension	
<input type="checkbox"/> Proper Installation of Fitting/Materials		<input type="checkbox"/> Proper Installation of Fitting/Materials		<input type="checkbox"/> Proper Installation of Fitting/Materials	
<input type="checkbox"/> Open Gate Valves and Control		<input type="checkbox"/> Open Gate Valves and Control		<input type="checkbox"/> Open Gate Valves and Control	
<input type="checkbox"/> Leak Test		<input type="checkbox"/> Leak Test		<input type="checkbox"/> Leak Test	
<input type="checkbox"/> Flush the Pipeline		<input type="checkbox"/> Flush the Pipeline		<input type="checkbox"/> Flush the Pipeline	
<input type="checkbox"/> Proper Restoration		<input type="checkbox"/> Proper Restoration		<input type="checkbox"/> Proper Restoration	

UNCONTROLLED COPY



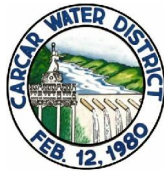
CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu

BACTE TEST

DATE =

LOCATION	TIME	CHLORINE

UNCONTROLLED COPY



CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu

CALIBRATION FORM

Tested by: _____

Test Sheet No.: _____
Meter Size: _____
Date: _____

LINE NO.	METER MAKE & SERIAL NO.	1st TRIAL		2nd TRIAL		3rd TRIAL		REMARKS
		METER READING		METER READING		METER READING		
		CALIBRATION BUCKET	10 LTRS.	CALIBRATION BUCKET	10 LTRS.	CALIBRATION BUCKET	10 LTRS.	
		DIFFERENCE		DIFFERENCE		DIFFERENCE		
		TIME		TIME		TIME		
METER READING START			END:	START:	END:	START:	END:	

LINE NO.	METER MAKE & SERIAL NO.	1st TRIAL		2nd TRIAL		3rd TRIAL		REMARKS
		METER READING		METER READING		METER READING		
		CALIBRATION BUCKET	10 LTRS.	CALIBRATION BUCKET	10 LTRS.	CALIBRATION BUCKET	10 LTRS.	
		DIFFERENCE		DIFFERENCE		DIFFERENCE		
		TIME		TIME		TIME		
METER READING START			END:	START:	END:	START:	END:	

LINE NO.	METER MAKE & SERIAL NO.	1st TRIAL		2nd TRIAL		3rd TRIAL		REMARKS
		METER READING		METER READING		METER READING		
		CALIBRATION BUCKET	10 LTRS.	CALIBRATION BUCKET	10 LTRS.	CALIBRATION BUCKET	10 LTRS.	
		DIFFERENCE		DIFFERENCE		DIFFERENCE		
		TIME		TIME		TIME		
METER READING START			END:	START:	END:	START:	END:	

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CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu

DAILY CHLORINE MONITORING

LOCATION	Date=							
	TIME	CONTENT	REMARKS	LOCATION	TIME	CONTENT	Conducted By:	REMARKS
	A.M.				P.M.			

LOCATION	Date=							
	TIME	CONTENT	REMARKS	LOCATION	TIME	CONTENT	Conducted By:	REMARKS
	A.M.				P.M.			

LOCATION	Date=							
	TIME	CONTENT	REMARKS	LOCATION	TIME	CONTENT	Conducted By:	REMARKS
	A.M.				P.M.			

LOCATION	Date=							
	TIME	CONTENT	REMARKS	LOCATION	TIME	CONTENT	Conducted By:	REMARKS
	A.M.				P.M.			

LOCATION	Date=							
	TIME	CONTENT	REMARKS	LOCATION	TIME	CONTENT	Conducted By:	REMARKS
	A.M.				P.M.			

Checked by: _____

Confirmed by: _____



CARCAR WATER DISTRICT

San Vicente St., Pob. I, Carcar City, Cebu

Daily Monitoring and Reading of Flow Meter

DATE: _____

LOCATION	READING	TIME	CHLORINE STATUS	REMARKS
BAHA-BAHA				
MAGSIPIT				
SAN ROQUE				
LANGUB				
CAN-ASUJAN				
OCAÑA				
KABITUHAN				
VENANCIA SANGI				
VENANCIA CAIPILAN				
MAINIT				
MAXIMINA				
RELIS				

CONDUCTED BY: _____

FM-PDN-

00

2016



CARCAR WATER DISTRICT

San Vicente St., Pob. I, Carcar City, Cebu

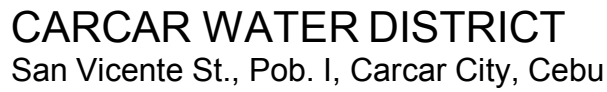
Daily Monitoring and Reading of Flow Meter

DATE: _____

LOCATION		TIME	CHLORINE STATUS	REMARKS
BAHA-BAHA	READING			
MAGSIPIT				
SAN ROQUE				
LANGUB				
CAN-ASUJAN				
OCAÑA				
KABITUHAN				
VENANCIA SANGI				
VENANCIA CAIPILAN				
MAINIT				
MAXIMINA				
RELIS				

CONDUCTED BY: _____

UNCONTROLLED COPY



LOCATION: _____
 FLOWMETER SIZE: _____ FLOWMETER BRAND: _____
 AVERAGE (Last week): _____ DATE INSTALLED: _____

[illegible]

08/20/16



CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu

PHYSICO CHEMICAL TEST

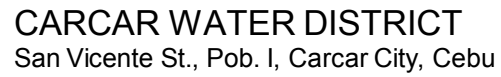
DATE =

SPRING / WELL	TIME

Cebu Aqua/Talisay Lab
Laboratory Personnel

UNCONTROLLED COPY

Jobert Babanto
Water Maint.Man B

[illegible]

08/20/16



CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu

AGREEMENT OF RIGHT-OF-WAY

KNOW ALL MEN BY THESE PRESENTS:

This AGREEMENT OF RIGHT-OF-WAY made and executed by and between:

Hereinafter called the GRANTOR.

-And-

CARCAR WATER DISTRICT

a government-owned and controlled corporation, created by virtue of Presidential Decree No. 198, as amended, with principal business office at San Vicente Street, Cogon, Poblacion I, Carcar, Cebu, hereinafter referred to as the "WATER DISTRICT"

-WITNESSETH-

That the GRANTOR is the absolute owner of a parcel land located at _____ known as Lot No. _____, declared under Tax Declaration No. _____ and bearing TCT No. _____ declared and/or registered in the name of _____.

That the GRANTEE is engaged in the water supply services in the City of Carcar, Province of Cebu, Philippines and in pursuit of servicing the City of Carcar of Water Service Connection, it has to pass thru and traverse underneath a portion of the above-mentioned property of the GRANTOR.

Now, therefore, for and in consideration of the premises and for humane reason, the GRANTOR, hereby grants to the WATER DISTRICT, and its successors and assigns a perpetual right-of-way and easement for installation and continued operation, maintenance, repair, alteration, inspection and replacement of the pipe lines of the WATER DISTRICT laid under the ground of the above-described property of the GRANTOR.

Together with all rights of ingress and egress necessary for the full and complete use, occupation and enjoyment of the easement hereby granted and all rights and privileges incident thereto including the right from time to time to excavate and install pipes and appurtenances, the WATER DISTRICT shall be free from any or all liabilities whatsoever, civil or criminal in the pursuit of its purposes.

That this agreement shall be binding between the parties and upon all their heirs, successors and assigns until such time that the distribution pipeline that traverses the said property will no longer be in used or needed.

UNCONTROLLED COPY

Represented by:

Lot Owner

General Manager

REPUBLIC OF THE PHILIPPINES)

)

Mr./Mrs./Miss

IN WITNESS WHEREOF, I have hereunto affixed my signature on the date and at the place first above stated.

Series of 200_____

UNCONTROLLED COPY



CHLORINE MONITORING CHART

Location:

Month of:

[illegible]

Check By:

UNCONTROLLED COPY



CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu
WITHDRAWAL SLIP

DATE: _____ O.R. NO. _____

NAME: _____

NO. OF CUBIC: _____

AMOUNT: _____

FLOW METER RDG: BEFORE: _____
AFTER: _____

PURPOSE: _____

PREPARED BY: _____

APPROVED BY: _____

FM-PDN-10 00 8/20/2016



CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu
WITHDRAWAL SLIP

DATE: _____ O.R. NO. _____

NAME: _____

NO. OF CUBIC: _____

AMOUNT: _____

FLOW METER RDG: BEFORE: _____
AFTER: _____

PURPOSE: _____

PREPARED BY: _____

APPROVED BY: _____

FM-PDN-10 00 8/20/2016



CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu

DATE: _____ O.R. NO. _____

NAME: _____

NO. OF CUBIC: _____

AMOUNT: _____

FLOW METER RDG: BEFORE: _____
AFTER: _____

PURPOSE: _____

PREPARED BY: _____

APPROVED BY: _____

FM-PDN-10 00 8/20/2016



CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu

DATE: _____ O.R. NO. _____

NAME: _____

NO. OF CUBIC: _____

AMOUNT: _____

FLOW METER RDG: BEFORE: _____
AFTER: _____

PURPOSE: _____

PREPARED BY: _____

APPROVED BY: _____

FM-PDN-10 00 8/20/2016

UNCONTROLLED COPY

<u>CWD CHLORINE TREATMENT CHECKLIST</u>	<u>CWD CHLORINE TREATMENT CHECKLIST</u>	<u>CWD CHLORINE TREATMENT CHECKLIST</u>
DATE : LOCATION :	DATE : LOCATION :	DATE : LOCATION :
<input type="checkbox"/> Check Chlorinator and Accessories <input type="checkbox"/> Check and Clean Chlorine Drum <input type="checkbox"/> Checking of Chlorine Dosage/Consumption Per Day <input type="checkbox"/> Follow Chlorine Design Mixed	<input type="checkbox"/> Check Chlorinator and Accessories <input type="checkbox"/> Check and Clean Chlorine Drum <input type="checkbox"/> Checking of Chlorine Dosage/Consumption Per Day <input type="checkbox"/> Follow Chlorine Design Mixed	<input type="checkbox"/> Check Chlorinator and Accessories <input type="checkbox"/> Check and Clean Chlorine Drum <input type="checkbox"/> Checking of Chlorine Dosage/Consumption Per Day <input type="checkbox"/> Follow Chlorine Design Mixed
CHECKED BY: _____	CHECKED BY: _____	CHECKED BY: _____
FM-PDN-11 00 8-20-16	FM-PDN-11 00 8-20-16	FM-PDN-11 00 8-20-16

<u>CWD CHLORINE TREATMENT CHECKLIST</u>	<u>CWD CHLORINE TREATMENT CHECKLIST</u>	<u>CWD CHLORINE TREATMENT CHECKLIST</u>
DATE : LOCATION :	DATE : LOCATION :	DATE : LOCATION :
<input type="checkbox"/> Check Chlorinator and Accessories <input type="checkbox"/> Check and Clean Chlorine Drum <input type="checkbox"/> Checking of Chlorine Dosage/Consumption Per Day <input type="checkbox"/> Follow Chlorine Design Mixed	<input type="checkbox"/> Check Chlorinator and Accessories <input type="checkbox"/> Check and Clean Chlorine Drum <input type="checkbox"/> Checking of Chlorine Dosage/Consumption Per Day <input type="checkbox"/> Follow Chlorine Design Mixed	<input type="checkbox"/> Check Chlorinator and Accessories <input type="checkbox"/> Check and Clean Chlorine Drum <input type="checkbox"/> Checking of Chlorine Dosage/Consumption Per Day <input type="checkbox"/> Follow Chlorine Design Mixed
CHECKED BY: _____	CHECKED BY: _____	CHECKED BY: _____
FM-PDN-11 00 8-20-16	FM-PDN-11 00 8-20-16	FM-PDN-11 00 8-20-16

UNCONTROLLED COPY

CWD CHLORINE TREATMENT CHECKLIST

DATE :

LOCATION :

- ☐ Check Chlorinator and Accessories
- ☐ Check and Clean Chlorine Drum
- ☐ Checking of Chlorine Dosage/Consumption Per Day
- ☐ Follow Chlorine Design Mixed

CWD CHLORINE TREATMENT CHECKLIST

DATE :

LOCATION :

- ☐ Check Chlorinator and Accessories
- ☐ Check and Clean Chlorine Drum
- ☐ Checking of Chlorine Dosage/Consumption Per Day
- ☐ Follow Chlorine Design Mixed

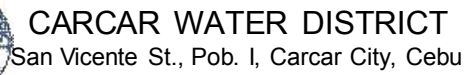
CWD CHLORINE TREATMENT CHECKLIST

DATE :

LOCATION :

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- ☐ Check and Clean Chlorine Drum
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- ☐ Follow Chlorine Design Mixed

UNCONTROLLED COPY



DATE: _____

[illegible]

Checked by: _____

Confirmed by: _____

