**Business name:**

Method of water treatment:

What is monitored/checked to ensure treatment is effective (e.g. pH, freely available chlorine)?

Frequency of monitoring:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date/time** | **Result** | **Is water treatment effective?** (Yes/No) | **If no, detail the action taken** | **Checked by** |
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