

Daily Water Verification Form

****Fax Verification Form to Technician Weekly or as directed**
Location:

		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		
Nursing Attendant or Designate	Date of Testing	DD/MM/YY														
	Time of Testing	HRS:MIN														
	Water Verification Performed By															
	Chlorine Verification (Total Chlorine Sample Port)															
	MUST be COMPLETED Prior to Patient SET UP (Acceptable Reading: less than or equal to 0.1mg/L)															
	Bank 1	Tank On line	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Bank 2	Tank On line	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Total Chlorine Reading (mg/L)															
	Post Worker Tank Reading (mg/L)															
	Product Water Total Chlorine (mg/L)**															
Powder Pillows Expiry Date Checked																
Residual Peroxide Testing (Performed once per week)																
MUST be COMPLETED Prior to Patient SET UP																
		WRO H	WRO S	WRO H	WRO S	WRO H	WRO S	WRO H	WRO S	WRO H	WRO S	WRO H	WRO S	WRO H	WRO S	
Disinfection Performed																
Residual Peroxide [Pass (P)/Fail (F)]																
Dialox Jugs Dated and Levels Marked																
Test Strip Expiry Date Checked																
Water Hardness Testing (Performed ANYTIME during Day Shift)																
Acceptable Reading: less than or equal to 2.0 grains per gallon(g/gal)																
Time of Testing	HRS:MIN															
Softener Tank		Tank 1	Tank 2	Tank 1	Tank 2	Tank 1	Tank 2	Tank 1	Tank 2	Tank 1	Tank 2	Tank 1	Tank 2	Tank 1	Tank 2	
Water Hardness (g/gal)																
Salt Tank		Tank 1	Tank 2	Tank 1	Tank 2	Tank 1	Tank 2	Tank 1	Tank 2	Tank 1	Tank 2	Tank 1	Tank 2	Tank 1	Tank 2	
Salt Level Verified																
Salt Added	# OF BAGS															
Pressure Gauge Monitoring (Performed ANYTIME during Day Shift)																
System Temp	° C	T2														
Hot Water Inlet	PSI	P1														
Cold Water Inlet	PSI	P2														
Booster Pump	PSI	P4														
Post Filters	PSI	P6														
Δ Pressure	PSI	P5-P6														
Post Softener 1	PSI	P7														
Δ Pressure	PSI	P6-P7														
Post Softener 2	PSI	P8														
Δ Pressure	PSI	P6-P8														
Post Carbon	PSI	P9														
Δ Pressure	PSI	P6-P9														
Post Carbon	PSI	P10														
Δ Pressure	PSI	P8-P10														
Post Carbon	PSI	P11														
Δ Pressure	PSI	P8-P11														
Post Carbon	PSI	P12														
Δ Pressure	PSI	P8-P12														
Pressure	PSI	P13														
Post Filters	PSI	P13-P14														
UF Pressure	PSI	P15														
UF Pressure	PSI	P16														
UF Δ Pressure	PSI	P15-P16														

**Product Water Total Chlorine Testing is a Quality Assurance Measure. Only test sample if results are greater than 0.1mg/L

