

AWT MAINS PIPEWORK CHLORINATION CERTIFICATE

Customer: _____

Location: _____

Engineer: _____

Date Performed: _____

Pipe Diameter/Length		Water Supply Used	
Incoming Chlorine Level (ppm)		Type Of System	
All Outlets Signed		Disinfectant Used	Sodium Hypochlorite
Flow Rate L/min		Swabbing/Flush Time	
Chlorination		Nearest	Furthest
Initial Chlorine Level (ppm)			
Mid Point Chlorine Level (ppm)			
Final Chlorine Level (ppm)			
Chlorine Contact Time			
Post Chlorination		Nearest	Furthest
Post Disinfection Flush Time			
Free Chlorine Level After (ppm)			
Total Chlorine Level After (ppm)			
Pipe Capped			
All Signs Removed			
Samples Taken & Locations			
Comments / Non-Conformities			

All work carried out to BS8558 and ACOP and Guidance L8 specifications

AWT Signed: _____

AWT Print: _____

Client Signed: _____

Client Print: _____