

ATTACHMENT A Monthly Drinking Water Flushing Log

Name of School: _____

Month/Year: _____

Location (Building/Room): _____

Location Code: _____

Date	Each Fixture Flushed (Y, N)	Location & Equipment ID of Problem Fixtures (inoperative, odors, discoloration or complaints)	Responsible Person's Signature
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Note: All drinking fountains, faucets and cafeteria kitchen faucets used for food/beverage preparation shall be flushed for a minimum of 30 seconds prior to the first use every day. It is the responsibility of the school's Principal or the Site Administrator to ensure that this log is kept up to date and copies are kept on file at all times.