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| **Annual Check Sheet**  Created January 2015, Review 2016 | **Key:** | ✓ | Satisfactory | x | Unsatisfactory | NR | Not Required |

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| **Safety Check**  **Year** | |  |  |  |  |  |  |
| 1 | Service of treatment complete |  |  |  |  |  |  |
| 2 | Clean treated water storage tank |  |  |  |  |  |  |
| 3 | Order spare UV bulb / filters |  |  |  |  |  |  |
| 4 | Review emergency plan |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

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| **If Unsatisfactory – Record of problems found and action taken** | | | | |
| **Date** | **Safety check item requiring action / description of problem** | **Action to be taken** | **Date work to be done (by whom)** | **Date actual work done (by whom)** |
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| **Monthly Check Sheet for <year>**  Created January 2015, Review 2016 | **Key:** | ✓ | Satisfactory | x | Unsatisfactory | NR | Not Required |

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| **Equipment** | **Safety Check** | | **Jan** | **Feb** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
|  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **If Unsatisfactory – Record of problems found and action taken** | | | | |
| **Date** | **Safety check item requiring action / description of problem** | **Action to be taken** | **Date work to be done (by whom)** | **Date actual work done (by whom)** |
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| **Weekly Check Sheet for <month> <year>**  Created January 2015, Review 2016 | **Key:** | ✓ | Satisfactory | x | Unsatisfactory | NR | Not Required |

| **Equipment** | **Safety Check** | | **Week 1** | **Week 2** | **Week 3** | **Week 4** |
| --- | --- | --- | --- | --- | --- | --- |
| Treatment room (weekly plus immediately after power cut) | A | Locked, secure; preventing water / vermin ingress |  |  |  |  |
| B | No leaks |  |  |  |  |
| C |  |  |  |  |  |
| D |  |  |  |  |  |
| E |  |  |  |  |  |
| F |  |  |  |  |  |
| G |  |  |  |  |  |
| H |  |  |  |  |  |
| I |  |  |  |  |  |
| Outside taps used for drinking water (e.g. caravan site) | K | Clean end of taps and adaptors |  |  |  |  |
| J | Check no leaks and correct adaptor fitted |  |  |  |  |
| Pipework | L | Flushed unused sections of pipework. |  |  |  |  |

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| **If Unsatisfactory – Record of problems and action taken** | | | | |
| **Date** | **Safety check item requiring action / description of problem** | **Action to be taken** | **Date work to be done (by whom)** | **Date actual work done (by whom)** |
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