FORM BSM11/002:
MONTHLY DRINKING WATER REPORT

DATA FORM FOR CAPTURING OF DRINKING WATER QUALITY RESULTS, FLOW READINGS, DISINFECTANT USAGE AND CALCULATING DISINFECTION PERFORMANCE

Objectives

1. This form must be completed on a monthly basis to capture all drinking water quality results into a single Monthly Drinking Water Report.
2. Records taken in the field (e.g. flow meter readings, pH, free chlorine, records of cleaning drinking water troughs etc) must be entered into the Monthly Drinking Water Report
3. Results from the monthly samples (field measurements) and the laboratory analyses must also be entered into the monthly Drinking Water Report.
4. Information on usage of water treatment chemicals must be entered into the Monthly Drinking Water Report.
5. The Monthly Drinking Water Report and attached documentation must be kept for at least 5 years.

DETAILS OF FARM

Registration No: ☐☐/☐☐☐/☐☐☐/☐☐☐ Farm Name: Owner Signature:

WEEKLY RESULTS

Month: Year:

Date	Flow meter Reading	Closest trough pH	Closest trough Free Cl	Furthest trough pH	Furthest trough Free Cl	Drinking water troughs cleaned (If all troughs were cleaned on same day, then indicate so, otherwise give identification numbers of actual troughs cleaned)

MONTHLY RESULTS

Date: Name of Auditor: Signature:

FIELD MEASUREMENTS (Indicate with a * which Trough was sampled for the quarterly microbiological sample)

Trough Number:																				
Flow Meter Reading	pH	Cl	pH	Cl	pH	Cl	pH	Cl	pH	Cl	pH	Cl	pH	Cl	pH	Cl	pH	Cl	pH	Cl

Comments & recommendations by Auditor:

RESULTS OF QUARTERLY SAMPLE (Attach laboratory report to this Monthly Drinking Water Report)

Suspended Solids		Enterobacteria		E.coli		Total Plate Count		Suspended Solids		Other 2		Other 3	
Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
5mg/l		0/ml		0/ml		1000/ml		5 mg/l					

Comments & recommendations by Auditor:

ANALYSIS OF DISINFECTION PROGRAMME (Attach invoices for purchase of water treatment chemicals to Monthly Drinking Water Report)

Flow Meter Readings: End (Enter number of water carts if these are used) ①

Begin (Enter volume per water cart) ②

Monthly Water Use (litres) ① - ② = ③ Pipeline; ① x ② = ③ Water carts

Monthly feed provided (kg) ④

Drinking water / feed ratio (l/kg): ③ ÷ ④

Disinfectant Used (name):

Available chlorine (g/kg) ⑤

Monthly usage of Disinfectant (kg) ⑥

Mass of effective chlorine dosed (g) ⑤ x ⑥ = ⑦

Average monthly chlorine dosage (mg/l): (⑦ x 1000) / ③