

(様式例 2)

飲料水用 (毎日)

(井水用、床下受水槽用)

検印欄

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年度 (月 ~ 月) 外観と残留塩素の検査
及び塩素滅菌器の点検記録

| 場所 | | | | | | | | | | | | | | | | | |
|----------------|-----|----|---|----|----|---|------|-------|----------------|-----|----|---|----|----|---|------|-------|
| 月 日 (曜日) | 検査者 | 時刻 | 色 | 濁り | 臭い | 味 | 残留塩素 | 塩素滅菌器 | 月 日 (曜日) | 検査者 | 時刻 | 色 | 濁り | 臭い | 味 | 残留塩素 | 塩素滅菌器 |
| | | | | | | | | | | | | | | | | | |
| 2 () | | | | | | | | | 2 () | | | | | | | | |
| 3 () | | | | | | | | | 3 () | | | | | | | | |
| 4 () | | | | | | | | | 4 () | | | | | | | | |
| 5 () | | | | | | | | | 5 () | | | | | | | | |
| 6 () | | | | | | | | | 6 () | | | | | | | | |
| 7 () | | | | | | | | | 7 () | | | | | | | | |
| 8 () | | | | | | | | | 8 () | | | | | | | | |
| 9 () | | | | | | | | | 9 () | | | | | | | | |
| 10 () | | | | | | | | | 10 () | | | | | | | | |
| 11 () | | | | | | | | | 11 () | | | | | | | | |
| 12 () | | | | | | | | | 12 () | | | | | | | | |
| 13 () | | | | | | | | | 13 () | | | | | | | | |
| 14 () | | | | | | | | | 14 () | | | | | | | | |
| 15 () | | | | | | | | | 15 () | | | | | | | | |
| 16 () | | | | | | | | | 16 () | | | | | | | | |
| 17 () | | | | | | | | | 17 () | | | | | | | | |
| 18 () | | | | | | | | | 18 () | | | | | | | | |
| 19 () | | | | | | | | | 19 () | | | | | | | | |
| 20 () | | | | | | | | | 20 () | | | | | | | | |
| 21 () | | | | | | | | | 21 () | | | | | | | | |
| 22 () | | | | | | | | | 22 () | | | | | | | | |
| 23 () | | | | | | | | | 23 () | | | | | | | | |
| 24 () | | | | | | | | | 24 () | | | | | | | | |
| 25 () | | | | | | | | | 25 () | | | | | | | | |
| 26 () | | | | | | | | | 26 () | | | | | | | | |
| 27 () | | | | | | | | | 27 () | | | | | | | | |
| 28 () | | | | | | | | | 28 () | | | | | | | | |
| 29 () | | | | | | | | | 29 () | | | | | | | | |
| 30 () | | | | | | | | | 30 () | | | | | | | | |
| 31 () | | | | | | | | | 31 () | | | | | | | | |
| 特記 事項 | | | | | | | | | | | | | | | | | |

備考) 塩素滅菌器を使用している場合は、タンクの薬液量、注入ポンプの動作 (予備含む)、注入管の詰まり・漏れ
及び補充用の薬液量の点検を実施すること。