|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT:** | 6523 Charlestown Day Surgery | **Date of Test** |  |
| **Level** |  | **System:** |  |
| **Test Instrument Used** |  | **Area:** |  |
| **Calibration Cert attached** |  | **DRAWING No:** |  |

|  |  |  |
| --- | --- | --- |
| **Details of Test** | **Yes / No / Value** | **Comments** |
| Min Flushing Volume/ Velocity for pipe being flushed |  |  |
| Mains water sample taken |  |  |
| System flushed and chemicals added. |  |  |
| Volume/ Velocity achieved and flushing schematic marked up |  |  |
| System Complete / full of water |  |  |
| System or Section isolated |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sign Off** | **Name** | **Signature** | **Position** | **Date** |
| EQAC Representative |  |  |  |  |