**WATER TESTING RESULT LOG**

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| **Sample Date** | **Water Source (Type/Location/Name)** | **Laboratory** | **Type of Test Performed** | **Lab Report Date** | **Capacity** | **Treatments** | **Results** | **Standard /Limits** | **Corrective Actions (if necessary)** | **Initials** |
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| Reviewed By: | Lacey Bennett, Quality Assurance Manager |  | Approved by: | Bradley Bromlow, CIO |
| Date Reviewed | [YYYYMMDD] |  | Date Approved | [YYYYMMDD] |

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| **CHANGE HISTORY DOCUMENT** | | | | |
|  |  |  |  |  |
| ***Doc. No.:*** | FWCC-QMS-11.5.3.P0.F0 | | | |
| ***Doc. Name:*** | Water Testing Result Log | | | |
| ***Revision No.:*** | ***Revision Date:*** | ***Description of Change:*** | ***Originator / Author:*** | ***Title / Dept.:*** |
| 0 | 20230102 | Original | Arnel Ryan | PCQI/Compliance |
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**STANDARD WORKSHEET**

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| **Step** | **Procedures** | | |
| Purpose | To implement SQF 11.5.3.2, Microbiological analysis of the water and ice supply shall be conducted to verify the cleanliness of the supply, the monitoring activities, and the effectiveness of the treatment measures implemented. Samples for analysis shall be taken at sources supplying water for the process or cleaning or from within site. The frequency of analysis shall be risk-based and, at a minimum annually.  To implement SQF 11.5.3.3, Water and ice shall be analyzed using reference standards and methods. | | |
| 1 | Write the acquired Sample Date. | | |
| 2 | Indicate the type, location, and name of the water source. | | |
| 3 | Indicate the Name of the Laboratory. | | |
| 4 | Indicate the Type/s of Laboratory Test Performed. | | |
| 5 | Indicate the Laboratory Report Date. | | |
| 6 | Indicate the Capacity of the sample submitted. | | |
| 7 | Indicate the Treatment/s used in the sample submitted. | | |
| 8 | Input the Results. | | |
| 9 | Indicate the Standards/Limits. | | |
| 10 | Add the Corrective Actions (if necessary). | | |
| 11 | Input the Initials of the person who conducted the activity. | | |
| 12 | Affix the signature of the reviewer and the date reviewed. | | |
| 13 | Affix the signature of the approver and the date approved. | | |
|  | End of Instruction | | |
| **Training** | (1) The trainee has read or received a verbal translation of all or part of the policy, procedure, method, and or SOP for which they are being trained. (2) The trainee has observed a demonstration for the task they are to perform or the procedure for which they are being trained as required. (3) The trainee has demonstrated the ability to perform the task with acceptable proficiency and with minimal supervision as required. | | **PPE REQUIRED:**  Not Specified |
| **Signatures** | Trainee:  Date: YYYYMMDD | Trainer / Supervisor:  Date: YYYYMMDD | **EQUIPMENT REQUIRED:** Pen,Shredder, Trash Liner, Trash Can / Bin |

History

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| Revision No.: | Revision Date: | Description of Change: | Originator / Author Name: | Title / Department: |
| 0 | 20230102 | Original | Arnel Ryan | PCQI / Compliance |