



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

Name of Treatment Plant

Location of Treatment Plant

<input type="text"/>	<input type="text"/>
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Service Provider ID

2. Contact Details

Family Name

Given Name/s

Position

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone

Fax

Mobile

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email

Signed

Date

<input type="text"/>	<input type="text"/>
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3. Results

Reporting Period

From.....toYear.....

Fluoridated Water Results for the above quarter

Number of days in the quarter	
Number of fluoridated water samples analysed	
Prescribed concentration for Local Government Area	
Average measured fluoride concentration	
Maximum measured fluoride concentration	
Minimum measured fluoride concentration	
Number of samples exceeding 1.5 mg fluoride/L	

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.