

WEEKLY DISTRIBUTION SYSTEM FLUORIDATION REPORT Month of _____

Section I. INSTRUCTIONS:

Each week during the month, the PWS must collect at least 1 sample from a tap(s) in its' distribution system for a total of at least 4 distribution samples per month. At least one distribution sample should be collected at a location near a school. If the system is providing water to other consecutive PWS it must evenly distribute its 4 samples across the entire combined distribution system.

Section II. PWS INFORMATION:

PWS Name: _____ 2. PWS ID#: _____ 3. City/Town or District: _____

List all contributing Fluoridated Source(s) /MassDEP Source Code/Location ID: _____

Which days of the month were distribution samples collected and analyzed?	Distribution System Samples Collected and Analyzed with PWS Analytical Equipment. (Equipment must be acceptable to MassDEP and DPH)			Results of Weekly Fluoride Test (ppm) analyzed by PWS	Name of Tester & Comm e.g. reason(s) for not sampling Use additional paper if necessary
	Sample Location # or name	Sample Address	SPLIT SAMPLE Check (✓) if this distribution sample will be split for analysis?		
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I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Name of PWS certified operator or responsible party: _____ Signature: _____ Date: _____

Phone #: _____ Fax#: _____ Email address: _____

Section III. DPH USE: Date received _____ Comments: _____

PWSs approved by MassDEP for Fluoridation treatment must return all pages of this report form (A, B & C) by the **10th day following the reporting month** to: Department of Public Health, 250 Washington Street-5th floor, Boston, MA 02108. Attn: Office of Oral Health