

UFCC FORM

ONTARIO TAP WATER FLUSHING RECORD

Umbrella Family and Child Centres of Hamilton

Fields on this form must be completed in accordance with the Safe Drinking Water Act.

GENERAL INFORMATION

Type of facility:	DAY CARE	Name of School Board:	HWDSB
Name of facility:		Ministry of Education School SFIS Number:	
Day Nursery License Number:		Earliest date plumbing was installed:	
Drinking Water System Name (if known):		Name of Principal/Contact Person:	
Mailing Address:		Email address:	
Phone Number:		Fax Number:	

FLUSHING RECORD (NOTE: Flushing must be completed PRIOR to centre opening)

	5 Minute Flush		10 Second Flush		
DATE (DD/MMM/YYYY)	TIME FLUSHING STARTED	TIME FLUSHING ENDED	TIME COMPLETED	FLUSHING LOCATION (E.G. FLOOR, WING, TAP, FOUNTAIN)	NAME OF PERSON FLUSHING (Print Full Name and Signature)

Last Revision Approved:	July 15, 2022
Date of Next Review:	July, 2023



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