

Facility Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

# Total Residual Chlorine

SM 4500-Cl G.

End of Contact Tank Total Residual Chlorine								Final Effluent Total Residual Chlorine							
Date	Sample Time	Sampler Initials	Analysis Time	Analyst Initials	Result mg/L	Standard Check	% Recovery	Date	Sample Time	Sampler Initials	Analysis Time	Analyst Initials	Result mg/L	Standard Check	% Recovery
1								1							
2								2							
3								3							
4								4							
5								5							
6								6							
7								7							
8								8							
9								9							
10								10							
11								11							
12								12							
13								13							
14								14							
15								15							
16								16							
17								17							
18								18							
19								19							
20								20							
21								21							
22								22							
23								23							
24								24							
25								25							
26								26							
27								27							
28								28							
29								29							
30								30							
31								31							

\* = Instrument to be zeroed with associated sample before colorizing reagent is added