

Water Test Record

Form | WAT-FRM-001

Document type	Form
Title	Water Test Record
Document ID	{{facility.code}}-WAT-FRM-001
Version and status	1.1 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 2B, criterion 2B.3
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records each water sample, result and action for every outlet on the test schedule.

1. How to complete

- Record the sample date, point, sampler and lab.
- Record the result and the limit.
- If outside limit, record the action and the retest result.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Sample taken from the scheduled point	Yes [EC]	☐	☐	☐	Action and who to tell
2	Result within limit	Yes or No [EC]	☐	☐	☐	Action and who to tell
3	If No: outlet isolated and infection prevention lead informed	Yes [EC]	☐	☐	☐	Action and who to tell
4	If No: retest result within limit before reuse	Yes [EC]	☐	☐	☐	Action and who to tell
5	Lab report filed	Yes [EC]	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Approved by the ASF Expert Committee
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee