

# Monthly Fluoride Report

<b>Name of System:</b>	<b>PWS ID #</b>	<b>Reporting Month and Year:</b>

<b>Testing Format:</b>	<input type="checkbox"/> Ion	<input type="checkbox"/>	<input type="checkbox"/> Photo	<input type="checkbox"/>	<input type="checkbox"/> Color	<input type="checkbox"/>	
<b>DATE</b>	<b>TF</b>		<b>DATE</b>	<b>TF</b>			
1			16				
2			17				
3			18				
4			19				
5			20				
6			21				
7			22				
8			23				
9			24				
10			25				
11			26				
12			27				
13			28				
14			29				
15			30				
			31				
			<b>MAX</b>			<b>0</b>	
			<b>MIN</b>			<b>0</b>	
			<b>AVG</b>			<b>#DIV/0!</b>	

**Directions:**

1. Enter the name of the Public Water System in Cell A3
2. Enter the Treatment Facility Code in Cell B6
3. Enter the PWSID# in Cell F3
4. Enter Reporting Month and Year in Cell J3
5. Enter an "X" for Testing Format in Cell D5, F5, or H5
6. Enter the field sample Results in columns B and F
7. Remember to collect and record at least 13 samples each month (at least 3 per week) for each entry point

**Mississippi State Department of Health**

**Bureau of Public Water Supply**

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