

**PUBLIC WATER SUPPLIES AND HEALTH DEPARTMENT
FLUORIDE SAMPLE REPORTING FORM**

Water Fluoridation Report

Public Water Supply Information

Supply: _____ County: _____

P.W.S. Number: _____ Water Plant Phone Number: _____

Sampling Point: _____

Date Collected: _____

Collected by: _____ Title: _____

Water System Results (PPM): _____

Check Method: Specific Ion Method SPADNS

Mail Report to: *(address must be legible on all copies of report form for return)*

LABORATORY RESULTS

Fluoride Level (PPM): _____

Date Analyzed: _____

Analyst: _____

Comments: _____

- Exceeds maximum recommended level of 1.3.
- Below minimum recommended level of 0.8.
- Satisfactory

Optimum level of fluoridation is 1.0.

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