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| **Building:**  | **Room Number:** |
| **Responsible person\* (refer to sheet L1):** |
| **Number of infrequently used taps to be flushed** (this must include taps located in fume cupboards):  |
| Note : By signing this form you will have ‘*confirmed that I have flushed all infrequently used* ***hot and cold*** *taps within this room as per guidance sheet L1’* |
| **Date:** | **Name:** | **Signature:** |
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| Building: | Room Number: |
| Responsible person\* (refer to sheet L1): |
| Number of taps to be flushed (this must include taps located in fume cupboards):  |
| Note : By signing this form you will have ‘*confirmed that I have flushed* ***all hot and cold*** *taps within this room as per guidance sheet L1’* |
| Date: | Name | Signature |
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