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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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