

Form 5 Notice – Fluoridated Water Quarterly Report

Water Fluoridation Regulation 2020 – Part 5 section 23(1)

Purpose of form

This form may be used by a public potable water supplier to give a Fluoridated Water Quarterly Report per calendar quarter

Public potable water supplier	
ABN/ACN	
DRDMW Service Provider ID	
Street address of public potable water supplier	
Town/suburb	
Postcode	
Postal address (if different to street address)	
Name of treatment plant	
Location of treatment plant	

Report Details

Reporting period (Quarter – calendar year) e.g. Q1 2020	
Number of samples of water taken for prescribed testing	
Prescribed concentration for local government area	

Average fluoride concentration of fluoridated water as measured by prescribed tests	
Maximum fluoride concentration of fluoridated water as measured by prescribed tests	
Minimum fluoride concentration of fluoridated water as measured by prescribed tests	
Number of samples exceeding 1.5mg fluoride/L	
Explanation where average measured fluoride concentration is not within 0.1mg/L of prescribed concentration for local government area	

Details of person submitting notice

Principal contact name	
Principal contact position	
Telephone number	
Email	

All sections of this form must be completed to meet the requirements of section 23 of the Water Fluoridation Regulation 2020.

This Notice may be submitted to:

Email: fluoride@health.qld.gov.au

Post: Chief Executive, Department of Health, C\ - Director, Water Unit, PO Box 2368, FORTITUDE VALLEY BC QLD 4006