**使用水の点検表（例）**

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| 施設長 |  | 衛生管理者 |
|  |  |  |

　　　年　　月

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| 点検項目　　　日 | 色 | 濁り | 臭い | 異物 | 残留塩素(mg/l) | 点検者 | 備考（不備があるときの対応状況など） |
| ○：良好　　　×：不適切 | 始業時 | 終業時 |
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