Logbook - Amalgam Separator

Unit: _____

Date Installed: _____ **Serial Number:** _____

Installation Service Provider: _____ **Expiry Date:** _____

Required Frequency of Inspections: _____

Maximum Recommended Flow Rate: _____

Date: (dd/mm/yy)	Routine Inspection	Maintenance	Cleaning	Waste Removed for Off-Site Disposal	Volume of Waste Removed:	How & Where Waste Was Disposed:	Conducted By:	Notes:
	(X)	(X)	(X)	(X)				