

Oklahoma State Department of Health / Oklahoma Department of Environmental Quality  
**MONTHLY OPERATION REPORT**  
**RECORD OF FLUORIDE APPLICATION**

PWSID \_\_\_\_\_ SYSTEM \_\_\_\_\_ MONTH \_\_\_\_\_  
 Type of Material Applied\* \_\_\_\_\_ Year \_\_\_\_\_

Date	Water Treated (1000s of Gallons)	Applied		Residual Fluoride (F), ppm			
		lbs.	PPM of F	Raw		Distribution	
				(1)	(2)	(1)	(2)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total							
Average							

\* Example: Sodium Fluoride, Sodium Fluorosilicate (Sodium Silicofluoride), and Fluorosilicic Acid (Hydrofluorosilicic Acid).

It is required that this report be received by the 10<sup>th</sup> of the following month.

Send to: OSDH – Dental Health Services  
 1000 NE 10TH ST  
 OKLAHOMA CITY, OK 73117-1299

AND

Oklahoma Department of Environmental Quality  
 PO BOX 1677  
 OKLAHOMA CITY, OK 73101-1677

I hereby certify the above to be correct to the best of my knowledge.

Signed \_\_\_\_\_  
 Title \_\_\_\_\_  
 City \_\_\_\_\_