FLUSHING				
School	**Locations of 5 Minute Flush**		***Locations of 10-Second Flush***	***Legend:*** ***First and Last name (initials)***
	5-Minute Flush		***10-Second Flush***	
Date ***(dd/mm/yyyy)***	***Time Flushing Started***	***Time Flushing Ended***	***Time Completed***	***Name of Person Flushing***