

Name_____

Date_____

Building_____

Summary

Total # of Sinks:_____

Low Flow:_____

High Flow:_____

Unknown:_____

Total # of Lavatories:_____

Low Flow:_____

High Flow:_____

Unknown:_____

Total # of Urinals:_____

Low Flow:_____

High Flow:_____

Unknown:_____

Total # of Fixtures:_____

Low Flow:_____

High Flow:_____

Unknown:_____

Building Totals:

Low Flow:_____

High Flow:_____

Unknown:_____

High + Unknown Flow:_____

Contact Information

Email: