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| **Location** |  | **No.** |  |
| **Type** |  | **Make** |  |
| **Size** |  |
|  **Opens Left** **Opens Right** | **No. of****Turns:** |  | **Valve box****type:** |  | **Normal Position Opened Closed** |
| **Remarks:** |
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|  |
| **Date** | **Maintenance****Conducted** | **Remarks** | **Calibration****Conducted** | **Remarks** | **Checked by:** |
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REVIEWED Name:

 Signature:

 Date: