



160 992

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Commercial Field Maintenance Report

Monthly Inspection

Project Name/Tracking #			Operator		
Site Address					Contact Phone
Site ID #	County ID #	Technology			Date of Last Inspection

Tankage and Risers/Lids	N/A	Inspect	Leaks/Breakage	Needs Pumping	Scum/Sludge Measurements
Grease Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	_____
Primary Treatment Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	_____
Secondary (Recirc) Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	_____
Discharge Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	_____
Comments: _____					

Pumping System	Inspect	Clean	Leaks/Breakage
Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____			

Control Panel	Pump 1	Pump 2	Pump 3	Pump 4	Fan	Fan Heater
Voltage at breaker	_____	_____	_____	_____	_____	_____
Amps while pumping	_____	_____	_____	_____	_____	_____
AdvanTex Filter Unit(s)	<input type="checkbox"/> Inspect	<input type="checkbox"/> Clean	Vent Fan(s)	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	<input type="checkbox"/> N/A
Comments: _____			Comments: _____			

Final/Safety Inspection:

Lids bolted on? Yes No

Control Panel reactivated? Yes No

Circuit Breakers: Recirc: On Off

Discharge: On Off

Controls: On Off

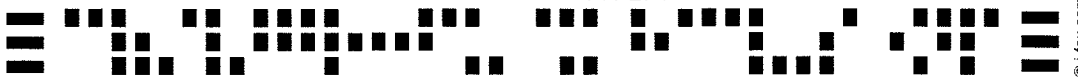
Parts Used: W = Warranty, B = Billable (✓ appropriate selection)			
W	B	Item Number	Description
Time at Site		Travel Time	Total Time

Comments _____

Services Rendered _____

System performing; no action needed Additional service needed

Signature _____ Date _____



AdvanTex® Field Maintenance Report

Unscheduled

Property Owner/Tracking #				Operator	
Site Address					Contact Phone
AX Site ID #	County ID #	Pod #	RTU #/UL #	Date of Last Inspection	

Dispatcher Comments

Date: _____ Time: _____

Notification of site condition

- Made by VeriComm® Monitoring System
- Made by Homeowner
- Other _____

Site condition at time of call

- Alarm
- Tank Overflow
- Odor
- Sewage Backup
- Other _____

Field Sampling/Observations

- Necessary
- Not necessary

NTU (15 ± NTUs)	pH (6-9)	DO (2-6)
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Odor of Sample.

- Typical Musty Earthy Moldy
- Non-typical Sulfide Cabbage Decay

Conditions at site

- Alarm On Yes No
(If yes, alarm type _____)
- Tank Liquid Level Normal High Low
- Pump Operational? Yes No
- Circuit Breakers
 - Recirc. Tripped On Off
 - Discharge. Tripped On Off
 - Controls Tripped On Off

VCOM® ATRTU Board: (if applicable)

Document the panel status by shading the appropriate inputs and outputs as indicated by the yellow and red LEDs.

Inputs	① ② ③ ④ ⑤ ⑥ ⑦ ⑧
Outputs	① ② ③ ④
Power (Green LED)	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Flashing

Cause of Malfunction: Mechanical Process-Related

Services Rendered:

Parts Used: W = Warranty, B = Billable (✓ appropriate selection)

W	B	Item Number	Description

Notes/Final Recommendations:

- System performing; no further action needed
- Additional service needed

Final/Safety Inspection:

- Lids bolted on? Yes No
(If damaged, comment _____)
- Control Panel reactivated? Yes No
- Circuit Breakers:
 - Recirc: On Off
 - Discharge: On Off
 - Controls: On Off

Time at Site	Travel Time	Total Time
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Signature _____

Date _____ Time _____