

Commercial Field Maintenance Report

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					
			Yes	No		Current	Previous	Current	Previous		
Grease Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scum			Sludge		
Primary Treatment Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Secondary (Recirc) Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Discharge Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Risers/Lids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Comments: _____

Pumping System

	Inspect	Clean	Leaks/Breakage	
Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Control Panel

	Pump 1	Pump 2	Pump 3	Pump 4	Fan	Fan Heater
Voltage at breaker	_____	_____	_____	_____	_____	_____
Amps while pumping	_____	_____	_____	_____	_____	_____

AdvanTex Filter Unit(s) Inspect Clean **Vent Fan(s)** OK Not OK N/A

Comments: _____

Final/Safety Inspection:

Lids bolted on?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Control Panel reactivated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Circuit Breakers:		
Recirc:	<input type="checkbox"/> On	<input type="checkbox"/> Off
Discharge:	<input type="checkbox"/> On	<input type="checkbox"/> Off
Controls:	<input type="checkbox"/> On	<input type="checkbox"/> 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** _____