

**BULK WATER DELIVERY INSPECTION FORM**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ FACILITY: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ STORAGE TANK TO RECEIVE DELIVERY: \_\_\_\_\_

FREE CHLORINE RESIDUAL AT RECEIVING FACILITY (milligrams/liter (mg/L)): \_\_\_\_\_

		<b>BILL OF LADING</b>	<i>NOTES</i>
1	SUPPLIER/ SHIPPER		Should be Company Name
2	DATE & TIME OF TANK FILLING		Don't accept any deliveries from tanks/tankers that were filled more than 24 hours prior to delivery.
3	FREE CHLORINE RESIDUAL (mg/L) (at loading facility)		Free chlorine residual should still be at least 0.2 mg/L by end of haul.
4	ESTIMATED QUANTITY		NOTE: QUANTITIES ON VENDOR PAPERWORK ARE ESTIMATES; scale weights are most accurate.
5	DRIVER'S NAME		Verify that the driver has initialed the Bill of Lading
6	APPROVED SOURCE(S)		Should be MassDEP approved source(s)
7	TRAILER #		Verify the trailer # on the paperwork is the same as the number on the trailer at the facility.

**Note: If you answer NO to any of the following questions, contact a Supervisor immediately.**

1. WAS THE DELIVERY PREVIOUSLY SCHEDULED? \_\_\_\_\_(Y or N)
2. DID THE DRIVER ARRIVE WITHIN THE EXPECTED DELIVERY WINDOW (TIMEFRAME)? \_\_\_\_\_(Y or N)
3. DO YOU RECOGNIZE THE DRIVER? \_\_\_\_\_(Y or N)
4. IS THE DRIVER'S CDL CURRENT? \_\_\_\_\_(Y or N)
5. IS TANK TRUCK FROM THE PROPER COMPANY? \_\_\_\_\_(Y or N)
6. DOES THE TRAILER NUMBER MATCH WHAT IS EXPECTED? \_\_\_\_\_(Y or N)
7. IS THIS THE FIRST LOAD FROM THIS TRAILER #? \_\_\_\_\_(Y or N)

IF YES, HAS DRIVER PROVIDED A WRITTEN DESCRIPTION OF THE METHOD USED FOR CLEANING THE TANK OF ITS PREVIOUS CONTENTS? \_\_\_\_\_(Y or N) AND,

HAS DRIVER PRESENTED A TANK WASH STICKER AS PROOF OF PROPER WASHING?  
 \_\_\_\_\_(Y or N)

8. IS THE QUANTITY APPROPRIATE? \_\_\_\_\_(Y or N)

Note: Attach this form to the Chain of Custody (Bill of Lading)