

# Inspection Checklist — Field Maintenance Report

BUSSE **MF**

Ident-Nr.:  
 Type:  
 Location / Operator:

General	
<b>Field Technician(s)</b>	Date _____ Time in _____ Out _____
<b>Inspection call</b>	<input type="checkbox"/> 6 / 12 / 18 / 24 / 36 months <input type="checkbox"/> Regular service <input type="checkbox"/> Repair of deficiencies <input type="checkbox"/> Regular Service <input type="checkbox"/> Sample <input type="checkbox"/> Troubleshooting
Plant status	
<b>Counter</b>	Hours of operation _____ [h]    Water: _____ [gaq] Permeate _____ [gal]
<b>Accessibility</b>	<input type="checkbox"/> Yes <input type="checkbox"/> NO    System operates <input type="checkbox"/> Yes <input type="checkbox"/> NO
<b>Cover free from defects</b>	<input type="checkbox"/> Yes <input type="checkbox"/> NO    System recovers <input type="checkbox"/> Yes <input type="checkbox"/> NO
<b>Check</b>	Air blower <input type="checkbox"/> fully functional <input type="checkbox"/> defect    solenoid valve <input type="checkbox"/> fully functional <input type="checkbox"/> defect Submerged pump <input type="checkbox"/> fully functional <input type="checkbox"/> defect    pumping system <input type="checkbox"/> fully functional <input type="checkbox"/> defect Level switch <input type="checkbox"/> fully functional <input type="checkbox"/> defect    pressure increasing <input type="checkbox"/> fully functional <input type="checkbox"/> defect Air-lift pump <input type="checkbox"/> fully functional <input type="checkbox"/> defect
<b>Septic / first buffer</b>	Soloids <input type="checkbox"/> sanitary napkins <input type="checkbox"/> Fat I Wax <input type="checkbox"/> Other: _____ Odor <input type="checkbox"/> aerobic <input type="checkbox"/> septic/fecal <input type="checkbox"/> soapily <input type="checkbox"/> acid
<b>MBR</b>	Texture (optically) <input type="checkbox"/> thin (MLSS <10) <input type="checkbox"/> thick (10 < MLSS <20) <input type="checkbox"/> extremely thick (MLSS >20) Smell <input type="checkbox"/> aerobic <input type="checkbox"/> septic /fecal <input type="checkbox"/> soapily <input type="checkbox"/> actd <b>Permeate</b> Color <input type="checkbox"/> without color <input type="checkbox"/> slightly yellow <input type="checkbox"/> yellow <input type="checkbox"/> brown Odor <input type="checkbox"/> odorless (fresh) <input type="checkbox"/> musty I muffled <input type="checkbox"/> fecal Turbidity <input type="checkbox"/> free of suspended solids <input type="checkbox"/> suspended solids
	Samples (before service) <input type="checkbox"/> pH-Value. Alkalinity, TSS. Turbidity, cBOD, COD, TKN, NO3
	Permeate flow before service _____ [gal/h] after service _____ [gal/h]
Carried out	
<b>Samples</b>	before service <input type="checkbox"/> Septic tank <input type="checkbox"/> Buffer tank <input type="checkbox"/> MBR <input type="checkbox"/> Permeate after service <input type="checkbox"/> MBR
<b>Pumping</b>	<input type="checkbox"/> Septic tank <input type="checkbox"/> Buffer tank <input type="checkbox"/> MBR
<b>Change of membranes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> NO    _____ [pieces]
<b>Cleaning of</b>	<input type="checkbox"/> Septic tank <input type="checkbox"/> Buffer tank <input type="checkbox"/> MBR <input type="checkbox"/> Coarse matter separation <input type="checkbox"/> Septic tank <input type="checkbox"/> Buffer tank <input type="checkbox"/> membrane modules <input type="checkbox"/> tub aeration <input type="checkbox"/> Level switches <input type="checkbox"/> Venting <input type="checkbox"/> inspection glass <input type="checkbox"/> _____ <input type="checkbox"/> pumping system <input type="checkbox"/> Air Blower
<b>Disposal of solids</b>	Septic tank I buffer tank <input type="checkbox"/> Yes <input type="checkbox"/> NO
<b>Functional check</b>	<input type="checkbox"/> pumps & piping <input type="checkbox"/> aeration <input type="checkbox"/> solenoid valves <input type="checkbox"/> Permeation <input type="checkbox"/> Alarm panel
<b>Active carbon filter</b>	<input type="checkbox"/> Check <input type="checkbox"/> change of <input type="checkbox"/> cleaning
<b>Remarks:</b>	_____ _____ _____