



FIELD INSPECTION & SERVICE REPORT

FAST[®] wastewater treatment systems

INSTALLATION		AUTHORIZED SERVICE PROVIDER	
Installation Address		Name	
Owner Name		Street	
Mail Address		Mail Address	
City	State Zip	City	State Zip
Phone	Fax	Phone	Fax
e-mail		e-mail	
INSTALLATION INFORMATION			
Model No.	Serial No.	Date of Installation	Date of last pumpout
EQUIPMENT	YES	NO	MAINTENANCE PERFORMED AND COMMENTS
Electrical Panel(s)			
Visual Alarm Operating			
Audio Alarm Operating (if present)			
Blower(s)			
Air Inlet Filter Clean			
Blower Hood Vents Clear			
Excessive Noise			
Excessive Vibration			
Treatment Unit(s)			
Unusual Odor			
Pumpout Required:			
Primary Settling Zone			
Aerobic Treatment Zone			
EFFLUENT(options)	LIMIT	RESULT	
Estimated Daily Flow			
pH (Standard Units)	6-9 S.U.		
Color	Clear		
Temperature			
Odor	Slightly Musty odor (not septic)		
OWNER SIGNATURE	TECHNICIAN SIGNATURE	SERVICE DATE	