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FIELD INSPECTION & SERVICE REPORT Modular FAST® Wastewater Treatment Systems

INSTALLATION					AUTHORIZED SERVICE PROVIDER			
Installation Address:					Name:			
Owner Name:					Street:			
Mailing Address:					Mailing Address:			
City	State		Zip		City	Stat	e	Zip
Phone: Fax: Email:				Phone: Fax: Email:				
		Т	NSTA	LLATION	INFORMATI	ON		
Model Number	Blower Brand and Size		Serial Number		Date of Insta		Date	of Last Pump-Out
EQUIPMENT OPERATION		YES	s NO		DETAILED COMMENTS OF SITE CONDITIONS – MAINTENANCE PERFORMED OR REQUIRED			
Electrical Panel(s)								
Are all electrical components operational?								
Record timer settings in comments								
Blower(s):								
Air Inlet Filter Clean								
Blower Hood Vents Clear								
Excessive Noise								
Excessive Vibration								
Record Amperage of Each Blower in Comments								
Record Air Pressure PSI (Normal Op.) in Comments								
Record Air Pressure PSI								
During A/S in Con-	ments							
Check Belt Tension	l)							
Check Oil Level								
Record Date of Last Change in Commen	2.65.00							
Grease Blower and Motor								