

WASTEWATER TREATMENT FACILITY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Headworks & Screening

- Yes No — Bar screens and grit removal systems are operational
- Yes No — Influent flow meters are reading accurately
- Yes No — Odor control systems are functioning properly
- Yes No — Debris containment areas are clean and secure

Primary Treatment

- Yes No — Clarifiers are free from excessive floating solids
- Yes No — Scraper mechanisms are moving smoothly
- Yes No — Sludge pumps are operating without abnormal noise
- Yes No — Weirs and baffles are level and undamaged

Biological Treatment

- Yes No — Aeration basins show uniform bubble patterns
- Yes No — Dissolved oxygen levels are within target range
- Yes No — Blowers and mixers are running efficiently
- Yes No — Mixed liquor color indicates healthy biomass

Disinfection & Discharge

- Yes No — Chlorination or UV systems are fully operational
- Yes No — Effluent turbidity meets permit requirements
- Yes No — Chemical storage tanks show no signs of leakage
- Yes No — Final discharge point is clear of obstructions

Safety & Maintenance

- Yes No — Walkways and handrails are secure and clear
- Yes No — Emergency eyewash stations are accessible
- Yes No — Personal protective equipment is available
- Yes No — Lockout/tagout procedures are being followed

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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