



## EnviroServer® ES Inspection Form

### Service provider information

Serial Number: \_\_\_\_\_  
 Inspected by: \_\_\_\_\_  
 Inspection Date: and Time: \_\_\_\_\_  
 Scheduled Inspection: Annual/Semi-Annual/Quarterly  
 Alarm Inspection (reason): \_\_\_\_\_

### Project information

Job name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Start-up: \_\_\_\_\_  
 Start-up Person: \_\_\_\_\_

Following these procedures will help maintain the performance life of the EnviroServer ES. Please follow each step carefully and note any concerns or abnormalities.

### General Conditions

#### Check the appropriate box

	Yes	No	N/A	Comments
Are there any offensive odors in the general area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any changes in the surrounding area that could affect system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Performance (e.g. drainage around tank, landscaping, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are the tank lids in acceptable condition, and secured/sealed to tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any signs of water intrusion in the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are liquid levels at expected heights in all chambers? If not, describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Alarm Control Panel/ Compressors

#### Check the appropriate box

	Yes	No	N/A	Comments
Did the alarms activate when the 'Test' button was pressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the controller show signs of moisture, corrosion, or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the telemetry alert the technician when an alarm is triggered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Was the desiccant bag refreshed/replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were the back-up batteries checked/replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are the conduits in controller sealed from moisture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are the air compressors located in an area that meets specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are the air compressor(s) operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do the air compressors pass a pressure/flow test (Air Test Kit needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the Low Air Alarm activate when each compressor is disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Was the air compressor filter(s) cleaned or replaced? (Replace annually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enter compressor serial number(s):				_____

### Primary Settling Chamber (1st Riser)

#### Check the appropriate box

	Yes	No	N/A	Comments
When was the last time the tank was pumped?				Date: _____
Is Recirculation flow visible in inlet tee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the sludge amount within specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thickness _____
Is the scum layer thickness within specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thickness _____
What is the color of the clear?				Brown/Black/Yellowish/Gray/ Other _____

### 1st and 2nd Aeration Chamber (2nd Riser)

#### Check the appropriate box

	Yes	No	N/A	Comments
Was the equipment enclosure (tub) found to be completely dry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do the electrical connections (DIN Rail) show signs of corrosion or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the 1st aeration chamber show an acceptable amount of mixing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the 2nd aeration chamber show an acceptable amount of mixing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is bio-film growing inside & on biomedica? Describe (color, amount, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were the air diffusers inspected and cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____



## EnviroServer® ES Inspection Form (cont)

### Final Clarification (4th Chamber)(3rd Riser)

**Check the appropriate box**

	Yes	No	N/A	Comments
Are air bubbles or agitation visible in chamber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Was the recirculation pump cleaned and inspected? Airlift / Electric (circle one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Airlift/Solenoid/MRP _____
Was the recirculation pump calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Setting: _____
Is sludge visible in chamber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is a scum layer visible in chamber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Was the effluent filter inspected and cleaned prior to leaving premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
How would you describe the condition of the effluent filter (circle one):				clean/light soil/medium soil/heavy soil _____

### Effluent Storage Chamber(3rd Riser)

**Check the appropriate box**

	Yes	No	N/A	Comments
Did the High-level alarm activate upon raising the HLA (top) float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there any sludge in the compartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Simplex Effluent Pump				
Is the pump started by the ON/Off(timer enabled) (middle) float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the pump started by the timer (reset controller)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the pump shut off when the RO (bottom) float is fat-side-down (with pump running)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Duplex Effluent Pump				
Is pump P1 started by the timer (reset controller)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is pump P2 started by the On/Off (timer enabled)(middle) float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does pump P1 shut off when the RO (bottom) float is fat-side-down (with pump running)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were Pumps P1 & P2 reversed (P1 is now P2 and vice versa)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Was the effluent pump(s) pulled and inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Upon arrival, was the UV indicator light on the UV junction box on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the UV alarm come on when the power is disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Was the UV insert cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Was the UV lamp replaced? (Mandatory every 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Water Quality

Dissolved Oxygen (DO) tests should be performed in each chamber. Please note results:  
 1st Chamber DO reading: \_\_\_\_\_ 2nd Chamber: \_\_\_\_\_ 3rd Chamber: \_\_\_\_\_ 4th Chamber: \_\_\_\_\_ 5th Chamber: \_\_\_\_\_

pH Tests should be performed in the 1st and 5th Chambers. Please note results: 1st Chamber pH reading: \_\_\_\_\_ 5th Chamber: \_\_\_\_\_

An effluent sample should always be collected during the inspection, and evaluated for color, odor, oily film, and foam

Is the sample slightly yellow to clear? If not, describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the sample slightly cloudy to clear? If not, describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the sample emit an offensive odor (rotten egg, sewer smell)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Let the sample sit for one minute. Does an oily film or foam appear at the top?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If the quality of the water does not pass the evaluation, a sample should be sent to a certified laboratory for testing of CBOD5, TSS, TKN, Nitrate-N, pH, alkalinity and Fecal Coliform.

### Notes and Observations