

WATER POINT INSPECTION

REPORT DATE

For use of this form see TB MED 577; the proponent of this form is the Office of The Surgeon General.

TO	FROM	
INSPECTION RATING	WATER POINT NO	MAP COORDINATE LOCATION
OPERATING UNIT	TEAM CHIEF	UNIT REPRESENTATIVE
INSPECTING UNIT	DATE/TIME GROUP	INSPECTED BY

INSPECTION CHECKLIST CRITERIA

	YES	NO				
1. SITE CONDITIONS	a. Adequate Drainage					
	b. Dust Control Practiced					
	c. Rodent/Insect Control Practiced					
2. BIVOUAC AREA	a. \geq 100 Ft Away/Downstream					
	b. Latrines > 100 Yds Away					
	c. Handwashing Devices Present					
	d. Garbage Control Practiced					
3. WATER SOURCE	a. No Pollution Nearer Than 2 Miles					
	b. Chemical Agents Present					
	c. Radioactivity Present					
4. INTAKE LINE	a. Intake Strainer Attached					
	b. \geq 4 In From Surface or Bottom					
5. EFFLUENT LINE	a. Backwash Water Sump Present					
	b. Sludge Sump Present					
	c. Discharge \geq 25 Yds From Intake					
6. ERDLATOR	a. Trailer/Truck Level					
	b. Coagulator Weir Level					
	c. D-E Filter Pressures Maintained					
	d. Grounding Present					
7. ROWPU	a. Trailer/Pallets Level					
	b. Filter Backwash Tank Full					
	c. Grounding Present					
	d. Separate Storage Tanks Used for Raw and Brine Waters					
8. GENERATOR	a. Grounding Present					
	b. Fire Extinguisher Present					
	c. Hearing Protection Used					
	d. Sufficient Ventilation					
9. OPERATOR PROTECTION	a. Rubber Hip Boots used					
	b. Long Rubber Gloves Used					
10. OPERATOR MONITORING	a. WQAS-E Chemicals Not Expired					
	b. Water Source Tested					
	c. Treated Water Tested					
	d. Chemical Usage Recorded					
	e. Gauge/Meter Readings Recorded					
	f. Chlorine Residuals Checked Hourly					

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		YES	NO
11. WATER STORAGE	a. Tanks Level	<input type="checkbox"/>	<input type="checkbox"/>
	b. Safety Bottom Apron Used	<input type="checkbox"/>	<input type="checkbox"/>
	c. Open Top Tanks Covered	<input type="checkbox"/>	<input type="checkbox"/>
	d. Tanks Clean and Sanitary	<input type="checkbox"/>	<input type="checkbox"/>
	e. Capacity Sufficient for Issue	<input type="checkbox"/>	<input type="checkbox"/>
12. WATER DISTRIBUTION	a. Standpipe Hose \geq 4 Ft Above Ground	<input type="checkbox"/>	<input type="checkbox"/>
	b. Hose Nozzle Clean/Off Ground	<input type="checkbox"/>	<input type="checkbox"/>
	c. Operators Check Containers for Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
13. RECORDS	a. Production Log Maintained	<input type="checkbox"/>	<input type="checkbox"/>
	b. Distribution Log Maintained	<input type="checkbox"/>	<input type="checkbox"/>
	c. Blank Forms Sufficient	<input type="checkbox"/>	<input type="checkbox"/>
14. SUPPLY STORAGE	a. Fuel and Chemicals Sufficient	<input type="checkbox"/>	<input type="checkbox"/>
	b. Chemical Containers Labelled/Capped/Dry	<input type="checkbox"/>	<input type="checkbox"/>
	c. Aactivated Carbon & Calcium Hypochlorite Stored Separately	<input type="checkbox"/>	<input type="checkbox"/>
15. PRODUCT WATER SAMPLE	a. Chloride (\leq 600 mg/L)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Chlorine Residual Adequate (_____ ppm)	<input type="checkbox"/>	<input type="checkbox"/>
	c. Color (\leq 50 Units)	<input type="checkbox"/>	<input type="checkbox"/>
	d. Hardness (Magnesium \leq 150 mg/L)	<input type="checkbox"/>	<input type="checkbox"/>
	e. pH (Between 5 and 9 Units)	<input type="checkbox"/>	<input type="checkbox"/>
	f. Sulfate (\leq 400 mg/L)	<input type="checkbox"/>	<input type="checkbox"/>
	g. TDS (\leq 1500 mg/L)	<input type="checkbox"/>	<input type="checkbox"/>
	h. Turbidity (\leq 5 NTU)	<input type="checkbox"/>	<input type="checkbox"/>
	i. Chemical Agents Present	<input type="checkbox"/>	<input type="checkbox"/>
	j. Radioactivity Present	<input type="checkbox"/>	<input type="checkbox"/>
	k. Coliforms (\leq 1/100 mL); Results on DD Form 686	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND RECOMMENDATIONS:

PRINTED/TYPED NAME AND GRADE OF PVNTMED INSPECTOR:	SIGNATURE:
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