



# Health Official Final Inspection Checklist

Job #: \_\_\_\_\_  
 Tank Installed: \_\_\_\_\_ Plant Size: \_\_\_\_\_  
 Aerator Serial #: \_\_\_\_\_  
 System Owner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Control Panel

	<u>Yes</u>	<u>No</u>
o Switch Operation		
o Function in Hand Position	<input type="checkbox"/>	<input type="checkbox"/>
o Function in Auto Position	<input type="checkbox"/>	<input type="checkbox"/>
o Test Alarms		
o Beacon Alert	<input type="checkbox"/>	<input type="checkbox"/>
o Buzzer Alert	<input type="checkbox"/>	<input type="checkbox"/>
o Voltage to Aerator	<input style="width: 100%;" type="text"/>	V
o Current Draw to Aerator	<input style="width: 100%;" type="text"/>	A
o Line Voltage to Panel	<input style="width: 100%;" type="text"/>	V
o Dedicated 15 amp circuit	<input type="checkbox"/>	<input type="checkbox"/>
o Pump Circuit Active	<input type="checkbox"/>	<input type="checkbox"/>

### Aerator & Casting

o Vent cap openings	<input type="checkbox"/>	<input type="checkbox"/>
o Hose seated in cap	<input type="checkbox"/>	<input type="checkbox"/>
o Hose kinked	<input type="checkbox"/>	<input type="checkbox"/>
o Excessive Vibration	<input type="checkbox"/>	<input type="checkbox"/>
o Bumpers Worn	<input type="checkbox"/>	<input type="checkbox"/>
o Brackets Bent	<input type="checkbox"/>	<input type="checkbox"/>
o Plug / Connector watertight	<input type="checkbox"/>	<input type="checkbox"/>
o Foam Restrictor Clean	<input type="checkbox"/>	<input type="checkbox"/>
o Shaft Clean	<input type="checkbox"/>	<input type="checkbox"/>
o Aspirator Tip clean	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
o Motor shaft clean	<input type="checkbox"/>	<input type="checkbox"/>
o Voltage at Tank	<input type="text"/>	V
o Current Draw at Tank	<input type="text"/>	A
o Air Flow reading	<input type="text"/>	cfm

**Tank (General)**

o Tank Level Within One Inch	<input type="checkbox"/>	<input type="checkbox"/>
o Access cover secure	<input type="checkbox"/>	<input type="checkbox"/>
o Risers Condition OK	<input type="checkbox"/>	<input type="checkbox"/>
o Inlet open	<input type="checkbox"/>	<input type="checkbox"/>
o Outlet open	<input type="checkbox"/>	<input type="checkbox"/>
o Media in position	<input type="checkbox"/>	<input type="checkbox"/>

**Pump**

	<u>Yes</u>	<u>No</u>
o Pump Flow O.K.	<input type="checkbox"/>	<input type="checkbox"/>
o Floats O.K.	<input type="checkbox"/>	<input type="checkbox"/>
o Pump Screen Clear	<input type="checkbox"/>	<input type="checkbox"/>