



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?				_____



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