

Form 7.5 Operational Checklist: DISINFECTION UNIT – CHLORINE (DUC)

Service provided on: Date: _____ Time: _____ Reference #: _____

Service provided by: Company: _____ Employee: _____

Date of last service: _____ By: You Other: _____

Date of last inspection: _____

NOTES

1. Operation of chlorination system
 - a. Manufacturer: Chlorinator: _____ Dechlorinator: _____
 - b. Model #: _____
 - c. Method: Tablet Liquid
 - d. Unit appears to be in good condition? Yes ___ No ___
2. Tablet chlorination: N.A. _____
 - a. Chlorinator appears to be operable? Yes ___ No ___
 - b. Chlorine tablets in place? Yes ___ No ___
Type: _____
 - c. Tablets come in contact with effluent? Yes ___ No ___
 - d. If tablets added, how many: _____
 - e. Contact chamber appears operable? Yes ___ No ___
 - f. Contact chamber and stack feeder cleaned? Yes ___ No ___
 - g. Chlorine residual: Free Total _____ ppm
Testing method: _____
3. Liquid chlorinator: N.A. _____
 - a. Chlorine present in reservoir? Yes ___ No ___
Type: _____
 - b. Injection method operating correctly? Yes ___ No ___
Type: _____
 - c. Contact chamber appears operable? Yes ___ No ___
 - d. Proper mixing occurring? Yes ___ No ___
 - e. Chlorine residual: Free Total _____ ppm
Testing method: _____
4. Tablet dechlorination: Required Not required
 - a. Dechlorination appears operable? Yes ___ No ___
 - b. Dechlorination tablets in place? Yes ___ No ___
Type: _____
 - c. Tablets come in contact with effluent? Yes ___ No ___
 - d. If tablets added, how many: _____
 - e. Contact chamber appears operable? Yes ___ No ___
 - f. Contact chamber and stack feeder cleaned? Yes ___ No ___
 - g. Chlorine residual: Free Total _____ ppm
Testing method: _____
5. Control panel: N.A. _____
 - a. Controls operating properly? Yes ___ No ___
 - b. Is enclosure watertight? Yes ___ No ___
 - c. Alarm test switch operating properly? Yes ___ No ___
 - d. At time of inspection, control switch was set to: N.A. _____
"Hand/Manual" ___
"Auto" _____
 - e. If auto, setting: Time On: _____ (min) Time Off: _____ (min)
6. Manufacturer's required maintenance performed? Yes ___ No ___
(If 'Yes', attach Manufacturer Inspection form to this report, if supplied)
7. Lab samples collected for monitoring? Yes ___ No ___
Types of analysis: _____

1. Acceptable
 Unacceptable

2. Acceptable
 Unacceptable

3. Acceptable
 Unacceptable

4. Acceptable
 Unacceptable

5. Acceptable
 Unacceptable