

WATER POINT INSPECTION REPORT

For use of this form, see FM 10-52; the proponent agency is TRADOC

DATE

TO

FROM (Organization)

WATER POINT INSPECTION

WATER POINT

INSPECTION RATING

NAME OF MAP COORDINATES

DATE

INSPECTOR

Residual Chlorine

FILTER OUTLET (ppm)

DISTRIBUTING NOZZLE (ppm)

Condition of

1. WATER POINT (List defects and improvements of layout.)

2. EQUIPMENT (Tanks, hose, nozzles, etc.)

3. ENGINES (List numbers of those needing repair.)

4. PERSONNEL (Note sanitation, personal equipment.)

REMARKS

TYPED OR PRINTED NAME AND GRADE

SIGNATURE