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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?	☐	☐	☐	_____
Are there any changes in the surrounding area that could affect system?	☐	☐	☐	_____
Performance (e.g. drainage around tank, landscaping, etc.)?	☐	☐	☐	_____
Are the tank lids in acceptable condition, and secured/sealed to tank?	☐	☐	☐	_____
Are there any signs of water intrusion in the tank?	☐	☐	☐	_____
Are liquid levels at expected heights in all chambers? If not, describe	☐	☐	☐	_____

Alarm Control Panel/ Compressors

Check the appropriate box	Yes	No	N/A	Comments
Did the alarms activate when the 'Test' button was pressed?	☐	☐	☐	_____
Does the controller show signs of moisture, corrosion, or damage?	☐	☐	☐	_____
Does the telemetry alert the technician when an alarm is triggered?	☐	☐	☐	_____
Was the desiccant bag refreshed/replaced?	☐	☐	☐	_____
Were the back-up batteries checked/replaced?	☐	☐	☐	_____
Are the conduits in controller sealed from moisture?	☐	☐	☐	_____
Are the air compressors located in an area that meets specifications?	☐	☐	☐	_____
Are the air compressor(s) operational?	☐	☐	☐	_____
Do the air compressors pass a pressure/flow test (Air Test Kit needed)	☐	☐	☐	_____
Does the Low Air Alarm activate when each compressor is disconnected?	☐	☐	☐	_____
Was the air compressor filter(s) cleaned or replaced? (Replace annually)	☐	☐	☐	_____

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?	☐	☐	☐	_____
Is the sludge amount within specifications?	☐	☐	☐	Thickness_____
Is the scum layer thickness within specifications?	☐	☐	☐	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?	☐	☐	☐	_____
Do the electrical connections (DIN Rail) show signs of corrosion or damage?	☐	☐	☐	_____
Does the 1st aeration chamber show an acceptable amount of mixing?	☐	☐	☐	_____
Does the 2nd aeration chamber show an acceptable amount of mixing?	☐	☐	☐	_____
Is bio-film growing inside & on biomedia? Describe (color, amount, etc.)	☐	☐	☐	_____

Were the air diffusers inspected and cleaned?

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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?	☐	☐	☐	_____
Was the recirculation pump cleaned and inspected? Airlift / Electric (circle one)	☐	☐	☐	Airlift/Solenoid/MRP
Was the recirculation pump calibrated?	☐	☐	☐	Setting:
Is sludge visible in chamber?	☐	☐	☐	_____
Is a scum layer visible in chamber?	☐	☐	☐	_____
Was the effluent filter inspected and cleaned prior to leaving premises?	☐	☐	☐	_____
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?	☐	☐	☐	_____
Is there any sludge in the compartment?	☐	☐	☐	_____
Simplex Effluent Pump				
Is the pump started by the ON/Off(timer enabled) (middle) float?	☐	☐	☐	_____
Is the pump started by the timer (reset controller)?	☐	☐	☐	_____
Does the pump shut off when the RO (bottom) float is fat-side-down (with pump running)?	☐	☐	☐	_____
Duplex Effluent Pump				
Is pump P1 started by the timer (reset controller)?	☐	☐	☐	_____
Is pump P2 started by the On/Off (timer enabled)(middle) float?	☐	☐	☐	_____
Does pump P1 shut off when the RO (bottom) float is fat-side-down (with pump running)?	☐	☐	☐	_____
Were Pumps P1 & P2 reversed (P1 is now P2 and vice versa?)	☐	☐	☐	_____
Was the effluent pump(s) pulled and inspected?	☐	☐	☐	_____
Upon arrival, was the UV indicator light on the UV junction box on?	☐	☐	☐	_____
Does the UV alarm come on when the power is disconnected?	☐	☐	☐	_____
Was the UV insert cleaned?	☐	☐	☐	_____
Was the UV lamp replaced? (Mandatory every 2 years)	☐	☐	☐	_____

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

	Yes	No	N/A	Comments
Is the sample slightly yellow to clear? If not, describe	☐	☐	☐	_____
Is the sample slightly cloudy to clear? If not, describe	☐	☐	☐	_____
Does the sample emit an offensive odor (rotten egg, sewer smell)?	☐	☐	☐	_____
Let the sample sit for one minute. Does an oily film or foam appear at the top?	☐	☐	☐	_____

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