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FAST Inspection Form

System Information:

Serial Number: _____

Owner Name: _____

System Address: _____

_____

Owner Phone Number: _____

Service Provider: _____

Inspection Information:

Inspected by: _____

Inspection Date & Time: _____/_____
AM / PM

Reason for Inspection:

☐ Scheduled Inspection _____
Annual/Semi-annual/Quarterly, etc.

☐ Alarm Inspection _____
Type of Alarm

A thorough understanding of the FAST Service Manual is required prior to servicing a FAST system. This Form incorporates the Service Manual, but provides more comprehensive assistance because it also covers disinfection and pumped discharge. Please follow each step carefully and note any concerns or abnormalities.

General Conditions

Check the appropriate box	Yes	No	N/A	Comment
Is there an offensive odor in the general area?	☐	☐	☐	
Are there any changes in the surrounding area that could affect system performance (e.g. drainage around tank, landscaping, etc.)?	☐	☐	☐	
Is airflow noticeable at the blower vent (indicates restricted/too small vent)?	☐	☐	☐	
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	☐	☐	☐	

Control Panel / Blower

Does the controller show signs of moisture, corrosion, or damage?	☐	☐	☐	
Does the telemetry alert the technician when an alarm is triggered?	☐	☐	☐	
Are the conduits in controller sealed from moisture?	☐	☐	☐	
Is the blower located in an area that meets specifications?	☐	☐	☐	
Is the blower making excessive noise?	☐	☐	☐	
Is the blower operational?	☐	☐	☐	
Was the blower filter(s) cleaned (Describe condition)	☐	☐	☐	
What is the amperage load on the running blower?				

Primary Settling Chamber

When was the last time the tank was pumped?				
Is the sludge amount within specifications?	☐	☐	☐	Thickness:
Is the scum layer thickness within specifications?	☐	☐	☐	Thickness:

Treatment Chambers

Is the trough transferring water outside the liner?	☐	☐	☐	
Is the area *outside* the liner bubbling/mixing?	☐	☐	☐	
Does the aeration show vigorous splashing?	☐	☐	☐	
Is bio-film growing inside & on biomedia? Describe (color, amount, etc.)	☐	☐	☐	
Is the scum layer thickness under the liner within specifications?	☐	☐	☐	Thickness:

Pump Chamber

Check the appropriate box	Yes	No	N/A	Comment
Did the High-level alarm activate upon raising the alarm float?	☐	☐	☐	
Were the pump floats tested and operate as intended?	☐	☐	☐	
Is there any sludge in the compartment?	☐	☐	☐	
Was the effluent pump(s) pulled, cleaned and inspected?	☐	☐	☐	
Were any water-tight connections checked and/or tightened?	☐	☐	☐	
What is the amperage load on running pump (wait until disposal area is pressurized)				

Disinfection

Upon arrival, was the UV indicator light on the UV junction box on?	☐	☐	☐	
Does the UV alarm come on when the UV power is disconnected?	☐	☐	☐	
Was the UV insert cleaned?	☐	☐	☐	
Was the UV lamp replaced? (Mandatory every 2 years)	☐	☐	☐	

Water Quality

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	☐	☐	☐	
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 $CBOD_5$, TSS, TKN, Nitrate-N, pH, alkalinity and/or Fecal Coliform.

Other Notes & Observations

Understanding flows is critical when operating a treatment system. If there is a flow meter, please write the reading below. If the effluent is pumped, please notate the cycle counter and run/elapsed time counter at each visit and write it below.

Flow meter reading: _____ Cycle counter reading: _____ Run/Elapsed time reading: _____