

Department of Public Works/Utilities Pumping Stations Checklist Minimum Frequency Quarterly				
Municipality:			Inspection Date: / /201__	
Name of Inspector:			Well or Wastewater:	
Location Surveyed:				
#	Needs Work	OK	N/A	CONDITION: Write line #'s & comments on back for all "Needs Work" listings, and notify management to initiate required corrective action
Grounds – NOTE: Municipal water supplies are considered "Critical Infrastructure" by Homeland Security				
1.				Station enclosed by a minimum 6 ft. fence? No Trespass Signs?
2.				Station secure: Locked gates, doors or control cabinets?
3.				Exterior lighting sufficient for all ambient conditions?
4.				Walkways & grounds level & clear? Snow removed? Grass mowed?
5.				Door thresholds level & floors slip resistant finish?
6.				Fire extinguisher here? Mounted? Inspected monthly? Serviced yearly?
7.				Upset alarms functional? Security alarms for water wells? Monitored?
8.				Warning signs posted for noise? (if emergency generator present)
9.				All "Permit Entry Required" Confined spaces identified? Locked?
Power Sources - Standby generator? Y N Diesel <input type="checkbox"/> or Natural Gas <input type="checkbox"/>				
10.				"Tie-breaker" crossover electrical switches tested annually?
11.				All electrical circuits properly & completely identified?
12.				All electrical outlets are 3-wire grounded? GFCI protected? Tested?
13.				All panel boxes are tight? Doors closed? No open "knock-outs"?
14.				Disconnects are labeled for what they control? Locked if Outside?
15.				Auxiliary generator fuel tanks identified with name & CAS#?
16.				"Automatic start" warning signs by applicable equipment?
17.				LOTO supplies, devices & tags available at the station?
18.				Vapor-tite light fixtures provided? Classified enclosures if needed?
19.				All power transmission apparatus i.e., belts, shafts correctly guarded?
Cl₂ or SO₂ injection, separated from pump? Y N If not present check here N/A <input type="checkbox"/> omit questions 20-26				
20.				Sign outside warning of chlorine presence? Oxygen or Cl ₂ monitoring?
21.				Are all process pipelines identified with content name & flow direction?
22.				Is emergency SCBA respiratory protection provided? Inspected?
23.				Visible & audible upset alarms provide pre-entry warning? Tested?
24.				Gas Tank secured on scale? Hydrostatic test is current?
25.				Room has both high & low exhaust openings & automatic fan? Working?
26.				Upset condition alarms are monitored? Report to central station?
QC Lab Stations: If not present check here N/A <input type="checkbox"/> omit questions 27-33				
27.				All chemical storage in cabinets or on sturdy shelves?
28.				All containers properly labeled? MSDS's available on site?
29.				Work areas sufficient for tasks? Adequate lighting? Ventilated?
30.				All required PPE available? Clean? Adequate?
31.				Hand wash sink/ potable water, soap, towels available? Trash can?
32.				Spill kit available? Safety Shower installed? Flowed regularly? Clean?
33.				Duress alarm, telephone or radio available to report emergencies?