



**DAILY AND MONTHLY INSPECTION CHECKLIST**



**PLANT: CHATSWORTH AND RIVERLANDS WASTE WATER TREATMENT WORKS**

**YEAR:** \_\_\_\_\_ **FORM REF NO.:** \_\_\_\_\_ **CHR-CHK-INS\_M-01**

**MONTH:** \_\_\_\_\_ **PROCESS CONTROLLER SIGNATURE:** \_\_\_\_\_

**INTSRUCTIONS:** Yes =  No =   
 List number of... = \_\_\_\_\_ Enter the number of epuipment in working order

**AREA SUPERINTENDENT SIGNATURE:** \_\_\_\_\_

**SHEET NO: 1**

**Sheet to be completed Monthly**

TASK NO.	CHECKLIST	YES	NO	REMARKS
<b>1. RAW SEWAGE PUMP STATION</b>				
1.1	Is there solids accumulation in the sump?			
1.2	Is there any degradation in the civil structure of the sump?			

TASK NO.	CHECKLIST	YES	NO	REMARKS
<b>2. OXIDATION PONDS</b>				
2.1	List number of ponds that are operational (1-6)			
2.2	Is the effluent from the ponds clear?			
2.3	Are the banks free of vegetation and weeds?			
2.4	Any erosion observed?			
2.5	Safety signage and life buoys around the ponds?			