

MONTHLY INSPECTION CHECKLIST



PLANT: DARLING WASTE WATER TREATMENT WORKS

YEAR: _____ **FORM REF NO.:** DL-CHK-INS_M-01

MONTH: _____ **PROCESS CONTROLLER SIGNATURE:** _____

WEEK: From Date: _____ **To Date:** _____ **AREA SUPERINTENDENT SIGNATURE:** _____

INTSRUCTIONS: Yes = ✓ No = ✗
 List number of... = Enter the number of equipment in working order

SHEET NO: 1

Sheet to be completed Monthly

TASK NO.	CHECKLIST	YES	NO	REMARKS
1. RAW SEWAGE PUMP STATION				
1.1	Is there solids accumulation in the sump?			
1.2	Is there any corrosion or degradation on the sump walls?			
2. INLET WORKS				
2.1	Are the channels free of grit?			
2.2	Is there any corrosion on the screening and de-gritting equipment?			
2.3	Is there any corrosion or degradation on the channel walls?			
3. MATURATION PONDS				
3.1	List number of ponds that are operational (1-6)			
3.2	Is the effluent from the ponds clear?			
3.3	Are the banks free of vegetation and weeds?			
3.4	Any erosion observed?			
3.5	Safety signage and life buoys around the ponds?			
4. AEROBIC DIGESTION				
4.1	Is there any corrosion on the mechanical parts?			
4.2	Is there any degradation on the civil structures?			
5. BELT PRESSES				
5.1	Is there any wear and tear on the scraper blades?			
5.2	Is there any wear and tear on any other critical items as per O&M manual?			