



WATER HAULER TRUCK INSPECTION REPORT

Company: _____ Address: _____

Operator: _____

Notice: Based on this inspection, the violations marked below must be corrected within the period of time specified in this notice. Failure to comply with this notice may result in suspension of your registration by the issuing health authority. An opportunity for an appeal will be provided if a written request for a hearing is filed with health authority within the period of time specified in this notice for correction of violations.

1. GENERAL / WATER SOURCE	<input type="checkbox"/> Proper Registration <input type="checkbox"/> Water Supply – Public _____	<input type="checkbox"/> Access Point - Specify _____ <input type="checkbox"/> Water supply valve in good condition, not leaking
2. RECORDS	<input type="checkbox"/> Maintained <input type="checkbox"/> Adequate	<input type="checkbox"/> Twelve (12) month coverage
3. BACTERIOLOGICAL WATER SAMPLE	<input type="checkbox"/> Yes – Sample Collected – Date: _____ <input type="checkbox"/> No Sample Collected	<input type="checkbox"/> Chlorine Residual: _____ PPM
4. CARRIER TANK (Tanker)	<input type="checkbox"/> Sign Provided: "Drinking Water Only" <input type="checkbox"/> Vent provided/not obstructed <input type="checkbox"/> Opening provided for cleaning <input type="checkbox"/> Opening covered	
5. CARRIER TANK (Coating)	<input type="checkbox"/> Water contact surfaces smooth, impervious, free of corrosion	<input type="checkbox"/> Non-toxic – approved by WV Bureau for Public Health; no flaking apparent
6. HOSES	<input type="checkbox"/> Rubber <input type="checkbox"/> Plastic – NSF pw	<input type="checkbox"/> Open end capped <input type="checkbox"/> 8 inch disk present
7. EQUIPMENT	<input type="checkbox"/> Approved Chlorine Test Kit provided	
8. OPERATION	<input type="checkbox"/> 5.25% Chlorine Bleach added <input type="checkbox"/> Chlorine Residual _____ PPM <input type="checkbox"/> Protected from contamination – filling, transporting, delivery, and when empty	<input type="checkbox"/> Proper disinfection procedures for emergency - disaster/drought <input type="checkbox"/> N/O – Not Observed

Remarks:

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Violations must be corrected on or before _____

Date: _____

Sanitarian: _____