



SEWAGE TANK CLEANING 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 permit 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	<input type="checkbox"/> Proper permit <input type="checkbox"/> Approved method, no dipping or bailing <input type="checkbox"/> Chlorinated lime or equivalent disinfectant <input type="checkbox"/> Spills cleaned immediately	<input type="checkbox"/> Adequate tools and supplies for excavation and tank repair <input type="checkbox"/> If used, portable receptacles approved
2. RECORDS	<input type="checkbox"/> Maintained <input type="checkbox"/> Adequate	<input type="checkbox"/> Twelve (12) month coverage
3. MOTOR VEHICLE AND CHASSIS	<input type="checkbox"/> Name and address conspicuous <input type="checkbox"/> Lettering at least 2 inches high	<input type="checkbox"/> Large enough for all equipment and tools needed
4. CARRIER TANK (General)	<input type="checkbox"/> Fully enclosed <input type="checkbox"/> Leak proof <input type="checkbox"/> Fly proof <input type="checkbox"/> Operated without spillage	<input type="checkbox"/> 750 gallon minimum capacity <input type="checkbox"/> Constructed to permit proper cleaning <input type="checkbox"/> Equipped with manhole <input type="checkbox"/> Heavy gauge metal, painted
5. CARRIER TANK OUTLET VALVE	<input type="checkbox"/> Properly located for complete draining <input type="checkbox"/> Three (3) inch diameter minimum	<input type="checkbox"/> Adapted for standard hose connection <input type="checkbox"/> Properly capped, secured with chain
6. CARRIER TANK NOTATION	<input type="checkbox"/> Tank clean, painted, good repair <input type="checkbox"/> Permit number on tank <input type="checkbox"/> Lettering at least 2 inches high	<input type="checkbox"/> Tank capacity on tank <input type="checkbox"/> "FOR SEWAGE ONLY" on tank <input type="checkbox"/> Lettering in good condition
7. PUMP	<input type="checkbox"/> Approved for sewage handling <input type="checkbox"/> Self-priming	<input type="checkbox"/> Non-clogging <input type="checkbox"/> Constructed for easy handling
8. HOSES	<input type="checkbox"/> Flexible <input type="checkbox"/> Easily cleanable <input type="checkbox"/> Clean, in good repair <input type="checkbox"/> Tightly capped while not in use	<input type="checkbox"/> Sufficient length for recirculation of contents and easy discharging <input type="checkbox"/> Stored to prevent leaking or dripping
9. DISPOSAL	<input type="checkbox"/> Method: _____ <input type="checkbox"/> Approved	
10. PUMPING TRUCK CLEANING FACILITY	<input type="checkbox"/> Approved construction <input type="checkbox"/> Wastes from cleaning properly disposed of	<input type="checkbox"/> Back-siphon prevention device where tank connected directly to potable water system

Remarks:

Violations must be corrected on or before _____

Date: _____

Sanitarian: _____