

**Inspection Checklist**

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Site Address: \_\_\_\_\_ Owner: \_\_\_\_\_

Operator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

<b>1. Inspect Tank Housing EC-P Unit:</b>	<b>Comments</b>
• Feces?	
• Solids level	
• Grease level	
• Odor	
• Sludge level estimate	
• Scum level estimate	

<b>2. EC-P Unit:</b>	<b>Comments</b>
• Submergence level	
• Condition	

<b>3. Inspect Control Panel:</b>	<b>Comments</b>
• Test flush pumps on manual (if applicable)	
• Flush pump timer settings (if applicable)	
• EC-P settings	

<b>4. Sample Effluent (Filtration Component):</b>	<b>Comments</b>
• Visual inspection, clarity, color, odor	

**OPERATOR COMMENTS:**

Operator Signature: \_\_\_\_\_