

Form 7-6 Operational Checklist: DISINFECTION UNIT – ULTRAVIOLET LIGHT (DUUL)

Service provided on: Date: _____ Time: _____ Reference #: _____
 Service provided by: Company: _____ Employee: _____
 Date of last service: _____ By: You Other: _____
 Date of last inspection: _____

NOTES

1. Power supply
 - a. Dosing method: Pressure dosed Gravity fed
 - b. Manufacturer: _____ Model #: _____
 - c. Power supplied to the unit. Yes ___ No ___
 - d. UV lamp 'ON'. Yes ___ No ___
 - e. Electrical system is free of corrosion/damage. Yes ___ No ___
 - f. Ballast replaced during this visit. Yes ___ No ___
 - g. Last replacement date: ___ / ___ / ___
2. UV controls
 - a. Unit equipped with a lamp intensity sensor. Yes ___ No ___
 - b. If so, what was intensity reading: _____
 - c. Alarm present. Yes ___ No ___
 - d. Alarm operating properly. Yes ___ No ___
3. Contact chamber, lamp, and sleeve conditions
 - a. Evidence of damage or leakage. Yes ___ No ___
 - b. Contact chamber cleaned/flushed of solids. Yes ___ No ___
 - c. Type of protective sleeve: Quartz Teflon Other: _____
 - d. Protective sleeve free of buildup. Yes ___ No ___
 - e. Protective sleeve cleaned. Yes ___ No ___
 - f. Protective sleeve replaced during this visit. Yes ___ No ___
 - g. Date last replaced: ___ / ___ / ___
 - h. UV lamp replaced during this visit. Yes ___ No ___
 - i. Date last replaced: ___ / ___ / ___
4. Influent characteristics
 - a. Turbidity: _____ NTU
 - b. Flow rate: _____ gpm
 - c. Indicate wastewater characteristics that may compromise treatment:

5. Control panel: N.A. _____
 - a. Controls operating properly. Yes ___ No ___
 - b. Is enclosure watertight. Yes ___ No ___
 - c. Alarm test switch operating properly. Yes ___ No ___
 - d. At time of inspection, control switch was set to: N.A. _____
 "Hand/Manual" ___
 "Auto" _____
 - e. If auto, setting: Time on: _____ (min) Time off: _____ (min)
6. Housing unit: Location: _____
 - a. Appears in good condition. Yes ___ No ___
 - b. Leaks/Cracks present. Yes ___ No ___
 - c. Excessive dust present. Yes ___ No ___
7. Manufacturer's required maintenance performed. Yes ___ No ___
(If 'Yes', attach Manufacturers Inspection form to this report, if supplied)
8. Lab samples collected for monitoring. Yes ___ No ___
 Types of analysis: _____

1.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
2.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
3.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
4.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
5.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
6.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable