

## Form 7-7 Operational Checklist: Disinfection unit - ozone (DUO)

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

### NOTES

1. Ozone generator
  - a. Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_
  - b. Air supply:  Free air  Pure oxygen
  - c. Ozone generator operating properly. Yes \_\_\_ No \_\_\_
  - d. Filter/Screen:  Cleaned  Replaced
2. Wastewater delivery system operating properly. Yes \_\_\_ No \_\_\_
  - a. Dosing method:  Pressure-dosed  Gravity-dosed
3. Contact chamber
  - a. Proper mixing. Yes \_\_\_ No \_\_\_
  - b. Cracks/leaks present. Yes \_\_\_ No \_\_\_
  - c. DO concentration: \_\_\_\_\_ ppm
4. Ventilation appears operable. Yes \_\_\_ No \_\_\_
5. Housing unit: Location: \_\_\_\_\_
  - a. Appears in good condition. Yes \_\_\_ No \_\_\_
  - b. Leaks/cracks present. Yes \_\_\_ No \_\_\_
  - c. Excessive dust present. Yes \_\_\_ No \_\_\_
6. Ozone sensor
  - a. Sensor functioning. Yes \_\_\_ No \_\_\_
  - b. If 'yes', what was the reading: \_\_\_\_\_ ppm
  - c. Safety alarm present. Yes \_\_\_ No \_\_\_
  - d. Alarm operating properly. Yes \_\_\_ No \_\_\_
7. 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)
8. Manufacturer's required maintenance performed. Yes \_\_\_ No \_\_\_  
*(If 'Yes', attach Manufacturers Inspection form to this report, if supplied)*
9. 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
7.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable