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:
   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” or “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:______________________
   ________________________________
   ________________________________