



6/12 Month Service Checklist

Address _____

Date ____ / ____ / ____
 Phone (____) ____ - ____

Control Panel

S/N# _____
 Model# _____

	YES	NO
• Switch Operation	<input type="checkbox"/>	<input type="checkbox"/>
• Continuous Run	<input type="checkbox"/>	<input type="checkbox"/>
• Off Position	<input type="checkbox"/>	<input type="checkbox"/>
• Alarm Function	<input type="checkbox"/>	<input type="checkbox"/>
• Light Glowing	<input type="checkbox"/>	<input type="checkbox"/>
• Buzzer Alert	<input type="checkbox"/>	<input type="checkbox"/>
• Voltage to Aerator	<input type="checkbox"/>	V
• Current Draw to Aerator	<input type="checkbox"/>	A
• Line Voltage to Panel	<input type="checkbox"/>	V
• Dedicated 15 amp circuit	<input type="checkbox"/>	<input type="checkbox"/>
• Access cover secure	<input type="checkbox"/>	<input type="checkbox"/>
• Risers Condition OK	<input type="checkbox"/>	<input type="checkbox"/>
• Inlet open	<input type="checkbox"/>	<input type="checkbox"/>
• Outlet open	<input type="checkbox"/>	<input type="checkbox"/>
• Effluent turbid	<input type="checkbox"/>	<input type="checkbox"/>
• Effluent foamy	<input type="checkbox"/>	<input type="checkbox"/>
• Effluent sample color	<input type="checkbox"/>	<input type="checkbox"/>
• Media in position	<input type="checkbox"/>	<input type="checkbox"/>
• Good growth on media (bio-mat)	<input type="checkbox"/>	<input type="checkbox"/>
• Sludge level pretreatment	<input type="checkbox"/>	inches
• Sludge level treatment	<input type="checkbox"/>	inches
• Sludge in Clarifier	<input type="checkbox"/>	<input type="checkbox"/>
• Effluent sample odor	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, describe odor or issue:	<input type="text"/>	

Aerator & Casting

S/N# _____	YES	NO
• Vent cap cleaned	<input type="checkbox"/>	<input type="checkbox"/>
• Hose seated in cap	<input type="checkbox"/>	<input type="checkbox"/>
• Hose kinked	<input type="checkbox"/>	<input type="checkbox"/>
• Excessive vibration	<input type="checkbox"/>	<input type="checkbox"/>
• Bumpers Worn	<input type="checkbox"/>	<input type="checkbox"/>
• Brackets Bent	<input type="checkbox"/>	<input type="checkbox"/>
• Plug / Connector watertight	<input type="checkbox"/>	<input type="checkbox"/>
• Foam restrictor clean	<input type="checkbox"/>	<input type="checkbox"/>
• Shaft clean	<input type="checkbox"/>	<input type="checkbox"/>
• Aspirator tip clean	<input type="checkbox"/>	<input type="checkbox"/>
• Motor shaft clean	<input type="checkbox"/>	<input type="checkbox"/>
• Voltage at tank	<input type="checkbox"/>	V
• Current draw at tank	<input type="checkbox"/>	A
• Air flow reading	<input type="checkbox"/>	cfm
• Air Cleaning Media (12M)	<input type="checkbox"/>	<input type="checkbox"/>

Chlorinator

	YES	NO
• Tablets added	<input type="checkbox"/>	<input type="checkbox"/>
• Number of tablets added	<input type="checkbox"/>	<input type="checkbox"/>
• Clean feed tube	<input type="checkbox"/>	<input type="checkbox"/>

De-Chlorinator

	YES	NO
• Tablets added	<input type="checkbox"/>	<input type="checkbox"/>
• Number of tablets added	<input type="checkbox"/>	<input type="checkbox"/>
• Clean feed tube	<input type="checkbox"/>	<input type="checkbox"/>

General: Repairs Needed

General: Repairs Made

UV Disinfection (If Applicable)

S/N# _____	YES	NO
• Light operational	<input type="checkbox"/>	<input type="checkbox"/>
• Flow OK	<input type="checkbox"/>	<input type="checkbox"/>
• Alarms OK	<input type="checkbox"/>	<input type="checkbox"/>
• Change bulb (2 years)	<input type="checkbox"/>	<input type="checkbox"/>

Pump (If Applicable)

S/N# _____	YES	NO
• Removed & Cleaned	<input type="checkbox"/>	<input type="checkbox"/>
• Wiring Checked	<input type="checkbox"/>	<input type="checkbox"/>
• Floats functional	<input type="checkbox"/>	<input type="checkbox"/>

Servicing Company

Service Provider

Phone#

