This appendix contains examples of various inspection forms obtained from the Massachusetts Water Resources Authority (MWRA), the Boston Water and Sewer Commission (BWSC), and the Monroe County Department of Environmental Services (MCDES) in New York. These inspection forms can be adapted to fit specific collection system needs. They are not presented as inclusive of all situations or circumstances.

**Appendix F: Inspection Forms**

- **BWSC – TV Request Form** F-3
- **BWSC – Manhole Inspection Report** F-4
- **MWRA – Hydraulic Structure Inspection Report** F-5
- **MWRA – Manhole Inspection Report** F-6
- **MWRA – Roving Crew Facility Checklist (Alewife Brook Station)** F-7
- **MCDES – Pump Station Standard Operation Inspection List** F-8
- **MCDES – Tunnel Facility Standard Operation Inspection List** F-9
- **MCDES – TV Inspection Sheet** F-10
TV REQUEST FORM

Engineering Design Division Project for Project Number:

PIPE AND MANHOLE CONDITION MONITORING

Request Number

Street

District

Map Number(s)

Street Limits

Manhole Limits

Conduit Size(s)

Background Regarding Request

Date of Request

Person Requesting

Linear Feet

Survey To Be Completed By

Person Reviewing

Date of Review

Comments
Boston Water and Sewer Commission

MANHOLE INSPECTION REPORT

Map No. ___________ DATE ________ TIME ________ INSPECTOR ______

MH No. ___________ DEPTH TO INVERT ________ CLEANLINESS ______

TYPE CONSTRUCTION ________ STREET REFERENCES ________

DEFECTS:
(Cover, frame, grout, steps, shelf, pipes, or channels)
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________

<table>
<thead>
<tr>
<th>PIPE SIZE</th>
<th>LENGTH TO MH</th>
<th>EST. FLOW</th>
<th>TYPE FLOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REMARKS:
(Include need for repairs)

______________________________________________________________
MASSACHUSETTS WATER RESOURCES AUTHORITY
SEWERAGE DIVISION/COLLECTION SYSTEMS
HYDRAULIC STRUCTURE INSPECTION REPORT

CITY/TOWN: ______________________________ DATE: ________________
INTERCEPTOR NAME(S): ______________________________
SECTION/STATION #(S): __________ / __________ /
STRUCTURE DESCRIPT: ______________________________
PLAN ASCENSION #(S): ______________________________
CREW: ______________________________

WEATHER: DRY ___ RAIN ___ SNOW ___
TIME SINCE LAST RAIN ___ (UP TO 3 DAYS) AMOUNT: ___ INCHES
PHOTOGRAPHS: SITE (4) ___ EXTERIOR (2) ___ INTERIOR (2) ___

ACCESS LOCATION/NEAREST STREET/ROUTE TO STRUCTURE: ______________

SPECIAL ACCESS REQUIREMENT(S): SITE: ______________________________
INTO STRUCTURE: ______________________________
AGREEMENT PLAN/SAMS/FIELD: YES ___ NO ___ COMMENT: _______________________

EXTERIOR CONDITION: __________________________________________
ODOR: NO ___ MILD ___ STRONG ___
STRUCTURE MATERIAL:
CONDITION: INTACT ___ CORRODED ___ REBAR EXPOSED ___
ACCESS COVER DESCRIPTION: TYPE: ______________________________
LOOSE ___ TIGHT ___ SEALED ___
INTERIOR CONDITION: ______________________________
CONDITION COMMENTS: ______________________________

PIPE CONNECTIONS NOT ON PLAN/SAMS DATA: ______________________________

STOP PLANK INFORMATION

<table>
<thead>
<tr>
<th>PIPE SECT.</th>
<th>GROOVE TYPE</th>
<th>COVER TO PLANK TOP (FT)</th>
<th>COVER TO STRUCT.INVERT (FT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ IN</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>____ OUT</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>____ IN</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>____ OUT</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
</tbody>
</table>

STOP PLANK ACTION TAKEN: ______________________________

SURCHARGE EVIDENCE: YES ___ NO ___
TOP OF SURCHARGE DEPTH BELOW COVER: ______________________________ (FT)
OVERFLOW EVIDENCE: YES ___ NO ___
SEDIMENT: DEPTH: __________________ (FT)

NOTES/LEGEND: COVER REFERS TO RIM ELEVATION OF ACCESS OR ______ (AS DETERMINED IN THE FIELD)
GROOVE: TYPE: C=CONCRETE, A=ALUMINUM CHANNEL; CONDITION: G=GOOD,
F=FAIR, P=POOR

October 15, 1993
Manhole Inspection Report - Blank Form

Inspection Date: __________________ Section Number: ______________ Station Number: ______________

Interceptor Name: __________________

City/Town: _________________________ SAMS Number: ______________

Address: __________________________

Weather: ___________________________ Inspector: __________________________

Gas Meter Readings: O2: __________ LEL: __________ H2S: __________

Manhole Cover
MWRA: __________ MET: __________ Other: __________ Manhole Diameter: __________ in.

Manhole Cover Condition
Loose: __________ Tight: __________ Sealed: __________ Bolted: __________ Buried: __________

Frame and Cover Status
Raise: __________ Lower: __________ OK: __________ Replace: __________ Replace Frame: __________

Manhole Type
Apron: __________ Through: __________ Stop Plank: __________

Manhole Interior Construction
Brick: __________ Concrete: __________ Other: __________

Manhole Interior Rungs
Excellent: __________ Fair: __________ Poor: __________ None: __________

Grit: __________ in. Root Intrusion (y/n) __________

Infiltration into Manhole
Low: __________ Medium: __________ High: __________ None: __________


Police Detail Required (y/n): __________

Connections Entering Manhole

Type: __________ Connection Number: __________ Diameter: __________

Comments: __________________________

10/21/2003 8:47:19 AM
## Appendix F: Inspection Forms

### Roving Crew Facility Check List

<table>
<thead>
<tr>
<th>Equipment Description</th>
<th>Task Description</th>
<th>Time In</th>
<th>Time Out</th>
<th>Employee/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parameter Security Check</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Flow (10 Digits)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chart Changed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pump Sequence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pump #1 Hours</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pump #2 Hours</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pump #3 Hours</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pump #4 Hours</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Compressor Blow Down</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annunciator Panel Checked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify Nut Island Before Testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas Detector Alarm Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screen Room Visual Check</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screen Access Doors Must Be Closed During Operations</td>
<td></td>
<td>YES / NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screen #1</td>
<td></td>
<td></td>
<td>ON / OFF</td>
<td></td>
</tr>
<tr>
<td>Screen #2</td>
<td></td>
<td></td>
<td>ON / OFF</td>
<td></td>
</tr>
<tr>
<td>Grinder Chutes Clear</td>
<td></td>
<td></td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Air Exhaust Filter Clear</td>
<td></td>
<td></td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Pump Room Visual Check</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#1 Electric Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#2 Electric Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiply by 320</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sump Pump Empty</td>
<td></td>
<td></td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Pump 1 - 4 Packing Gland</td>
<td></td>
<td></td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Draining Properly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generator Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fuel Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reorder At 800</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours On Generator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security System Re-Activated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Operator:

Area Supervisor:

Manager:
Pump Station Standard Operation Inspection

Gates, Chili, Ogden P.S.
145 Paul Rd.

Inspection Tasks:

Daily: Requires one operator. Approx. 45 min.
1) Test chlorine residual @ GRI #2, adjust feed rate as needed.
2) Ck. chemical feed operation, watch for leaks.

Weekly: Requires one operator. Approx. 45 min.
1) Ck. hyd. unit and lines for leaks.
2) Ck. sump pump operation, test alarm float.
3) Ck. HVAC operation in screen room.
4) Inspect screen room, clean-up as needed.
5) Ck. flow and level meter operation.
6) General housekeeping.
7) Ck. pumps and motors for noise or vibration.
8) Ck. alarm page, record data and pursue corrections.
9) Confirm chemical tank level readings.
10) Ck. heaters (cold weather).
11) Ck. exhaust fans (warm weather).
12) Visually inspect wet well for debris or excessive grease. Clean as needed.

Monthly: Requires one operator. Approx. 4 hrs.
1) Change lead/lag sequence.
2) Exercise and inspect pumps 2 and 4, on a rotating basis.

Bi-annually: Requires 2 operators. Approx. 2 hrs.
1) Pump down wet well, inspect for grit.
Appendix F: Inspection Forms

Tunnel Facility Standard Operation Inspection

Control Structure 243
2221 St. Paul St.
Pre-siphon tunnel screening and flow monitoring facility.

Inspection Tasks:

Weekly: Requires one operator. Approx. 1 hr.

1) Ck. level meters.
2) Ck. bar screen and conveyor operation.
3) Ck. rag containers, schedule vacor for rag removal as needed.
4) Ck. generator (block heater, fluids, etc.).
5) Ck. fuel tank.
6) Ck. HVAC system (fans, belts, filters, roof unit, etc.)
7) General housekeeping.

Monthly: Requires one operator. Approx. 20 min.

1) Inspect overflow per DEC regulations.
2) Test emergency lights.
3) Flush and fill siphon w/ river water (schedule shortly after flow storage event).

Quarterly: Requires one operator. Approx. 1 hr.

1) Exercise all sluice gates.

Bi-annually: Requires two operators.

1) Flush Maplewood siphon, exercise knife gate.

Annually: Requires three operators. Approx. 1 hr.

1) Visually inspect tunnel chambers.
**Monroe County DES**  
**Attack Team**  

**Inspection Sheet**

<table>
<thead>
<tr>
<th>Reason for televising</th>
<th>Start</th>
<th>Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date / / Time : AM/PM</td>
<td></td>
<td>Street</td>
</tr>
<tr>
<td>Service #</td>
<td>Work order #</td>
<td>video #</td>
</tr>
<tr>
<td>MH # TO MH #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operator</td>
<td>Depth of main</td>
<td>Weather condition</td>
</tr>
<tr>
<td>Manhole condition</td>
<td>Type of manhole Brick / Perform</td>
<td>Pipe size</td>
</tr>
<tr>
<td>Storm / Sanitary / combination</td>
<td>Pipe material</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ft</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Footage**
We Value Your Feedback

Please notify us if you discover mistakes or omissions in this document. Submissions can be sent electronically, mailed or faxed to:

New England Interstate Water Pollution Control Commission
ATTN: Collection System Guidance
Boott Mills South
100 Foot of John Street
Lowell, MA 01852
Tel: 978/323-7929
Fax: 978/323-7919
mail@neiwpcc.org

Brief description of error or omission:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Suggested improvement:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

General comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Can we contact you for additional information? If so please provide contact information:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Thank You.