
SEWER INSPECTION & MAINTENANCE REPORT

Date of Inspection: _____ Time of Inspection: _____ a.m./p.m.

Name of Employee Completing Report: _____

Location (be specific by line(s), manhole #(s), etc.): _____

Reason for inspection or maintenance (routine/scheduled/preventive, overflow, problem history, etc.): _____

Conditions found (both usual and unusual: _____

Unusual conditions were reported immediately to the following supervisor(s): _____

List inspection or maintenance work performed: _____

List equipment used: _____

List personnel who performed inspection or maintenance: _____

Other information: _____

Follow-up action needed at this location: _____

Based on conditions found during this visit, it is recommended that this location be inspected/maintained again within:

1 month _____	9 months _____	24 months _____
3 months _____	12 months _____	36 months _____
6 months _____	18 months _____	