

SEWER INFRASTRUCTURE PREVENTATIVE MAINTENANCE LOG

SEWER SERVICES DEPARTMENT

GENERAL INFORMATION

Date:		Work Order No:	
Crew Leader:		Operator(s):	
Weather Conditions:		Vehicle/Equipment ID:	

LOCATION & ASSET DETAILS

Facility/Street Address:			
Upstream Manhole ID:		Downstream Manhole ID:	
Pipe Segment ID:		Sewer Type:	<input type="checkbox"/> Sanitary <input type="checkbox"/> Storm <input type="checkbox"/> Combined
Pipe Material:		Pipe Diameter (in):	

MAINTENANCE ACTIVITIES PERFORMED

Hydraulic / Mechanical Cleaning		Inspection & Testing	
<input type="checkbox"/>	Hydro-Jetting (Pressure PSI:)	<input type="checkbox"/>	CCTV Inspection (Run No:)
<input type="checkbox"/>	Mechanical Rodding	<input type="checkbox"/>	Smoke Testing
<input type="checkbox"/>	Root Cutting / Removal	<input type="checkbox"/>	Dye Testing
<input type="checkbox"/>	Debris / Silt Removal (Volume:)	<input type="checkbox"/>	Manhole Physical Inspection
<input type="checkbox"/>	Chemical Root / Grease Treatment	<input type="checkbox"/>	Other:

INITIAL OBSERVATIONS & CONDITION ASSESSMENT

Parameter	None / Low	Moderate	Severe	Comments / Details
Roots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grease (FOG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grit / Silt / Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infiltration / Inflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural Defect (Cracks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FIELD NOTES & FOLLOW-UP RECOMMENDATIONS

Follow-up Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Priority Level:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High / Urgent
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SIGNATURES & APPROVALS

Inspector/Operator Signature:		Date:	
Supervisor Review Signature:		Date:	