

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	1. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
a. Manufacturer: _____ Model #: _____	
b. Air supply: <input type="checkbox"/> Free air <input type="checkbox"/> Pure oxygen	
c. Ozone generator operating properly.	Yes _____ No _____
d. Filter/Screen: <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	
2. Wastewater delivery system operating properly.	Yes _____ No _____
a. Dosing method: <input type="checkbox"/> Pressure-dosed <input type="checkbox"/> 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:	N.A. _____
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" _____ "Auto" _____
e. If auto, setting: Time on: _____ (min) Time off: _____ (min)	
8. Manufacturer's required maintenance performed.	Yes _____ No _____ <i>(If 'Yes', attach Manufacturers Inspection form to this report, if supplied)</i>
9. Lab samples collected for monitoring.	Yes _____ No _____
Types of analysis:	_____ _____