

CHLORINATION CHECKLIST

Permit # MO-_____ Facility _____ Date _____

1. What is the design flow? _____MGD; peak design flow _____MGD
2. What is the actual flow? _____MGD; actual peak flow _____MGD
3. What are the contact basin dimensions? _____
4. What is the detention time? _____min. (at peak flow)
5. What is the applied chlorine dosage? _____mg/l
6. What is the normal chlorine residual in the effluent _____mg/l
7. Are disinfection standards being met? Yes ____; No ____
8. Type of chlorination system being used: chlorine cylinders ____; on-site sodium hypochlorite generation ____; sodium hypochlorite solution ____; calcium hypochlorite solution ____; other _____
9. What is the chlorination system design capacity? _____lbs/day. Maximum capacity? _____lbs/day
10. Is mechanical mixing incorporated in the chlorine basin? Yes ____; No ____
If yes, is it functional? Yes ____; No ____
11. Is the contact basin adequately baffled to minimize short-circuiting?
Yes ____; No ____
12. Is chlorine contact basin: covered ____ or open ____
13. Are guards in place around openings? Yes ____; No ____
14. Are automated chlorine residual analyzers used? Yes ____; No ____
If yes, what is the frequency of calibration? _____
15. How often are the chlorination facilities checked? _____
16. Are operating records maintained? Yes ____; No ____
17. Is an ammonia solution used to detect for leaks? Yes ____; No ____
18. Is facility equipped with automatic chlorine leak detectors with alarms in critical areas? Yes ____; No ____ If yes, what is the frequency of calibration? _____ Date of last calibration _____
19. Is the ventilation system for chlorine storage and equipment rooms adequate? Yes ____; No ____
20. What is the location of exhaust fan intake? _____
21. Where does the exhaust system vent to? _____
22. Is there a Chlorine Institute Emergency Repair Kit on site? Y ____ N ____
What type? _____ Has personnel been trained on usage? Y ____ N ____
22. Are gas masks approved for chlorine gas available? Yes ____; No ____
Where are gas masks located? _____
23. Is there an approved Confined Space Entry Program? Yes ____; No ____
24. Does the facility have an approved Lockout/Tagout Program? Y ____ N ____
25. Is laboratory equipped to perform the necessary analysis? Y ____; N ____
26. Does the facility maintain adequate spare parts inventory? Y ____; N ____
27. What is the frequency of scheduled maintenance? _____
28. Are maintenance records maintained? Yes ____; No ____
29. Is housekeeping of chlorination facilities adequate? Yes ____; No ____
30. What is the general condition of chlorination facilities? G ____ F ____ P ____

31. What are the most common problems the Operator has had with the chlorination process? _____

Comments: _____

