

## ROTATING BIOLOGICAL CONTACTOR 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. Type of RBC drive: motor \_\_\_\_; air \_\_\_\_; HP of drive units \_\_\_\_\_
4. Number of units \_\_\_\_; surface area of each unit \_\_\_\_\_
5. # of units operated in series \_\_\_\_; # of rows operated in parallel \_\_\_\_\_
6. Rotation of units \_\_\_\_ rpm. Is rotation of units uniform? Y \_\_\_\_; N \_\_\_\_
7. Is the flow distributed equally to parallel units? Yes \_\_\_\_; No \_\_\_\_
8. Are the characteristics of the tank contents different in the various units?  
Yes \_\_\_\_; No \_\_\_\_ Describe \_\_\_\_\_
9. Is the RBC housing adequately ventilated? Yes \_\_\_\_; No \_\_\_\_
10. How often are units checked? \_\_\_\_\_
11. Are operational records maintained? Yes \_\_\_\_; No \_\_\_\_
12. Color of biomass: black \_\_\_\_; dark brown \_\_\_\_; light brown \_\_\_\_;  
green \_\_\_\_; white \_\_\_\_; other \_\_\_\_\_
13. Odor: septic \_\_\_\_; musty \_\_\_\_; earthy \_\_\_\_; none \_\_\_\_; other \_\_\_\_\_
14. What is the BOD loading rate? \_\_\_\_\_
15. What is the D.O. of each stage? \_\_\_\_\_
16. Type of D.O. monitoring: laboratory (on site) \_\_\_\_; portable meter \_\_\_\_;  
stationary meter \_\_\_\_; date of last calibration \_\_\_\_\_
17. Is there evidence of media plugging? Yes \_\_\_\_; No \_\_\_\_
18. Is the thickness of biomass evenly distributed on each unit? Y \_\_\_\_ N \_\_\_\_
19. Is there evidence of: snails \_\_\_\_; filter flies \_\_\_\_; other \_\_\_\_\_
20. Is there of moss or other vegetation growing in units? Yes \_\_\_\_; No \_\_\_\_
21. Do units have adequate spare parts inventory? Yes \_\_\_\_; No \_\_\_\_
22. Are all mechanical drive units operating properly? Yes \_\_\_\_; No \_\_\_\_
23. Safety features provided: guard rails \_\_\_\_; nonskid surfaces \_\_\_\_;  
lifelines \_\_\_\_; lights \_\_\_\_; other \_\_\_\_\_
24. Is there an approved lockout / tagout program? Yes \_\_\_\_; No \_\_\_\_
25. Is there an alarm system for the process? Yes \_\_\_\_; No \_\_\_\_
- 25a. (If yes, type: radio telemetry \_\_\_\_; phone dialer\_\_\_\_; local audible/visual\_\_
26. Alternate power source available? Yes\_\_ No\_\_
- 26a. If yes, type: station. generator \_\_\_\_; port. generator \_\_\_\_; separate utility\_\_
27. What is the frequency of scheduled maintenance? \_\_\_\_\_
28. Are maintenance records maintained? Yes \_\_\_\_; No \_\_\_\_
29. Do units have adequate spare parts inventory? Yes \_\_\_\_; No \_\_\_\_
30. General housekeeping of units: Good \_\_\_\_; Fair \_\_\_\_; Poor \_\_\_\_
31. What is the general condition of the RBC system? G \_\_\_\_; F \_\_\_\_; P \_\_\_\_
32. What are the most common problems the Operator has had with the RBC  
system? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_