

UV DISINFECTION 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 channel dimensions? _____
4. Number of lamps / unit: _____; Number of units _____
5. What is the contact (exposure) time? _____
6. What is the suspended solids _____mg/l; or turbidity _____NTU
7. What is Fecal coliform count: before UV _____c/100 ml; after UV _____
8. What is the UV dose _____ lamp output _____
9. Are secondary units available during maintenance of a primary unit?
Yes ___; No ___ If no, what is the downtime for maint.? _____
10. Is personal protective equipment available such as: eye protection, full face shields, rubber gloves, rubber boots, long sleeve shirts? Y ___ N ___
11. Is there an approved Lockout / Tag-out Program? Yes ___; No ___
12. How are old UV lamps disposed of? _____
13. Method of cleaning: mechanical wiper ___; ultrasonics ___; high-pressure washer ___; chemical cleaning (acid, caustic, detergent) _____
14. How often are units checked? _____
15. Are operation records maintained? Yes ___; No ___
16. Is there an alarm system for UV process? Yes ___; No ___
If yes, is alarm: visual ___; audible ___; remote _____
17. Does the facility maintain adequate spare parts inventory? Y ___; N ___
18. What is the frequency of scheduled maintenance? _____
19. Are maintenance records maintained? Yes ___; No ___
20. Is an alternate power source available? Yes ___ No ___
If yes, type: station. generator ___; port. generator ___; separate utility ___
21. Is housekeeping of units: Good ___; Fair ___; Poor ___
22. General condition of units & control panel: Good ___; Fair ___; Poor ___
23. What are the most common problems the Operator has had with the UV radiation process? _____

Comments: _____

