

Process Water System Monitoring Checklist

System Overview & Documentation

Verify system documentation is current and accessible, including drawings, operating procedures, and alarm response plans.

Enter date	
Summary of Recent System Modification	s (if any)
Write something	
Operating Procedure Version	
Version 1.0	
Version 1.1	
Version 1.2	
Version 1.3	
Drawing Revision Number	

Write something		
Emergency Contact	List Current?	
Upload Relevant Doo	eumentation (e.g., SOPs, Permits)	
gularly monitor key wa	ater quality indicators to ensure compliance with regulatory	
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egularly monitor key was and ards and system re pH Level Enter a number Turbidity (NTU)	ater quality indicators to ensure compliance with regulatory	

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Flow Rate (GPM/LPM)	
Enter a number	
Flow Meter Status	
Operational	
Faulty	
Needs Calibration	
Pressure Drop Across Filter (PSI/Bar)	
Enter a number	
Time of Flow Measurement	
Notes on Pressure/Flow Observations	
Write something	
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quipment Performance	
spect and evaluate the performance of critical equipment like pumps, filters alves.	, and control

Pump 1 Discharge Pressure (PSI)

Enter a number...

Pump 2 Flow Rate (GPM)
Enter a number
Filter Condition (Pump 1) Excellent Good Fair Poor
Valve Operation (Control Valve A) Operating Normally Sticking Leaking Seized
Any unusual noises or vibrations observed?
Write something
Last Lubrication Date (Pump 1)
Enter date
Pump Motor Current (Amps - Pump 2)
Enter a number

Alarm System & Response
confirm alarm system functionality and verify the effectiveness of alarm response rocedures.
Alarm System Status Check (0=Fault, 1=Operational)
Enter a number
Time of Last Alarm Occurrence
Description of Last Alarm Event (if applicable)
Write something
Alarm Response Procedure Followed? Yes No

Enter a number Storage Area Condition Clean and Dry Slight Dampness Visible Moisture Standing Water Observations/Comments on Storage Area Write something Evidence of Leaks? No Yes - Minor Yes - Moderate Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	Freeboard (inches/cm)	
□ Clean and Dry □ Slight Dampness □ Visible Moisture □ Standing Water Observations/Comments on Storage Area Write something Evidence of Leaks? □ No □ Yes - Minor □ Yes - Moderate □ Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	Enter a number	
Slight Dampness Visible Moisture Standing Water Observations/Comments on Storage Area Write something Evidence of Leaks? No Yes - Minor Yes - Moderate Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	Storage Area Condition	
□ Visible Moisture □ Standing Water Observations/Comments on Storage Area Write something Evidence of Leaks? □ No □ Yes - Minor □ Yes - Moderate □ Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	Clean and Dry	
Observations/Comments on Storage Area Write something Evidence of Leaks? No Yes - Minor Yes - Moderate Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	Slight Dampness	
Observations/Comments on Storage Area Write something Evidence of Leaks? No Yes - Minor Yes - Moderate Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	☐ Visible Moisture	
Write something Evidence of Leaks? No Yes - Minor Yes - Moderate Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	Standing Water	
Evidence of Leaks? No Yes - Minor Yes - Moderate Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	Observations/Comments on Storage Area	
No Yes - Minor Yes - Moderate Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	Write something	
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Yes - Minor Yes - Moderate Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	Evidence of Leaks?	
Yes - Moderate Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	No	
Yes - Severe Attach Photo of Tank/Storage Area (if applicable)	Yes - Minor	
Attach Photo of Tank/Storage Area (if applicable)	Yes - Moderate	
	Yes - Severe	
♣ Upload File	Attach Photo of Tank/Storage Area (if applicable)	
	4 Upload File	

Disinfection System (if applicable)

Assess the efficacy and performance of the disinfection process (e.g., chlorine, UV) to maintain water safety.

Enter a number	
pH Level	
Enter a number	
Disinfection Method	
Chlorination	
UV Radiation	
Ozonation	
Other (Specify in LONG_TEXT)	
If 'Other' disinfection method, please specify:	
Write something	
UV Lamp Intensity (mW/cm² - if applicable)	
Enter a number	
Last UV Lamp Replacement Date (if applicable)	
Enter date	
Time of Disinfection System Readings	

Disinfection System Operational Status Operational Standby Faulted
Any observations or issues related to disinfection system?
Write something
Log Keeping and Record Maintenance Ensure all monitoring data, maintenance records, and corrective actions are accurately logged and readily available.
Date of Log Entry
Enter date
Time of Log Entry
Monitoring Round Number/Sequence
Enter a number
Summary of Monitoring Activities Performed
Write something

Description of any Abnormal Readings or Issues Write something	
Calibration Status of Monitoring Equipment Current & Valid Calibration Needed Out of Calibration	
Supporting Documentation (e.g., Calibration Certificates) ① Upload File	
Signature of Monitoring Personnel)