

FIELD REPORT

Date	<input type="text"/>
Client	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Inspector	<input type="text"/>
Bioclere Model #(s)	<input type="text"/>

Reason For Site Visit:

☐ O & M ☐ Commissioning

☐ Testing ☐ Other:

(1) Odor
1) Is there odor around the site? ☐ Yes ☐ No

2) Where is the source of odor?

3) If odor is present, check all that apply: ☐ Mild ☐ Medium ☐ Strong

☐ Musty ☐ Septic
(2) Sludge & Scum Depth Measurements

	Scum	Sludge
Grease Trap	<input type="text"/>	<input type="text"/>
Primary Tank #1	<input type="text"/>	<input type="text"/>
Primary Tank #2 (if applicable)	<input type="text"/>	<input type="text"/>
Bioclere 1A	<input type="text"/>	<input type="text"/>
Bioclere 1B (if applicable)	<input type="text"/>	<input type="text"/>

	Scum	Sludge
Bioclere 2A (if applicable)	<input type="text"/>	<input type="text"/>
Bioclere 2B (if applicable)	<input type="text"/>	<input type="text"/>
Effluent Tank	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>

(3) Bioclere Venting

1) Record the Bioclere fan model #(s):

2) Is air passing through the vent(s)? ☐ Yes ☐ No

(if in doubt, put a small plastic bag around vent and allow to fill)

3) Is the fan operating and in good condition...

for Bioclere 1A? ☐ Yes ☐ No

for Bioclere 2A? (if applicable) ☐ Yes ☐ No

for Bioclere 1B? (if applicable) ☐ Yes ☐ No

for Bioclere 2B? (if applicable) ☐ Yes ☐ No

(Please provide necessary details in the report summary section)

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(4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If process control test samples were taken, please provide the following information:					
Alkalinity (as CaCO ₃)	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Sample Locations:	<input type="text"/>	Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>
	<input type="text"/>	NO ₃ -N (mg/l)	<input type="text"/>	NH ₃ -N (mg/l)	<input type="text"/>
	<input type="text"/>	Other:	<input type="text"/>		

(5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray
	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray
	<input type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown
	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown
	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown
	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1) Does spray cover the entire media surface area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If not, clean each nozzle with a bottle brush)				
2) Does the spray now cover entire surface area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a. remove nozzles and soak them in a bleach solution. b. manually engage both dosing pumps for 2 min. c. replace nozzles				
3) Does the spray now cover entire surface area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, consult AQUAPOINT				

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(7) Pumps and Control Panel

	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min on:	<input type="text"/>	min off:	<input type="text"/>	min on:	<input type="text"/>	min off:	<input type="text"/>
What is the recycle pump timer setting?	min on:	<input type="text"/>	hrs off:	<input type="text"/>	min on:	<input type="text"/>	hrs off:	<input type="text"/>

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	<input type="text"/> Amps	<input type="text"/> Amps	<input type="text"/> Amps	<input type="text"/> Amps
What is the amperage of dosing pump 2?	<input type="text"/> Amps	<input type="text"/> Amps	<input type="text"/> Amps	<input type="text"/> Amps
What is the amperage of recycle pump?	<input type="text"/> Amps	<input type="text"/> Amps	<input type="text"/> Amps	<input type="text"/> Amps
Is dosing pump operating according to test cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

(8) Plumbing

Are the unions in the Bioclere leaking?
(If "yes", then tighten with pipe wrench) ☐ Yes ☐ No

Is the recycle siphon break weep hole operating as designed?
(If "no", clean weep hole) ☐ Yes ☐ No

(9) Final Check

- ☐ Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- ☐ Alarm toggle set to the "On" position
- ☐ Recycle and dosing pump timers are set back to original cycles in control panel
- ☐ Control panel, Bioclere cover, and fan box locked
- ☐ Record daily flow rate or water meter reading (if possible):

(10) Report Summary:

Note: Contact Aquapoint for pump, fan and control component replacement parts.

Signature: _____