

**JOB CORPS ENVIRONMENTAL HEALTH PROGRAM
INSPECTION OF WATER SUPPLY FACILITIES**

Center Name _____

Center Director _____

Center Address _____

Year/Quarter (for example, 2008/1 QTR) _____

This inspection report is not required of centers utilizing a state-approved municipal supply. Indicate nature of facilities by checking below all that apply:

WATER INTAKE	WATER TREATMENT
1. <input type="checkbox"/> Well	5. <input type="checkbox"/> Screens
2. <input type="checkbox"/> Infiltration gallery	6. <input type="checkbox"/> Settling
3. <input type="checkbox"/> Spring collection box	7. <input type="checkbox"/> Coagulation with chemicals
4. <input type="checkbox"/> Surface water intake, lake, stream, or reservoir	8. <input type="checkbox"/> Filtration
	9. <input type="checkbox"/> Chlorination
	10. <input type="checkbox"/> Activated carbon
	11. <input type="checkbox"/> No treatment
	12. <input type="checkbox"/> Other (Explain)

ITEM	WT.	COMMENTS
WATER SOURCE		
13. Raw water source has no known sources of pollution	4	
WATER COLLECTION FACILITY		
14. Sanitary construction and closed to insects and animals	4	
15. Protected from surface wash and flooding	4	
16. Pumping equipment of water-tight construction	4	
CHLORINATION FACILITY		
17. Completely enclosed, locked, clean, and in good repair	2	
18. Approved automatic chlorinator with gas mask (for gaseous system)	2	
*19. Checked daily for proper operation	5	
20. Free chlorination residuals measured daily, and daily log of chlorine residuals kept	4	
21. Chlorine residual on day of inspection adequate	4	
COAGULATION AND SETTLING		
22. Records kept on daily use of chemicals	3	
23. Unit operating efficiently	2	
24. Settled sludge disposed of in approved manner	1	
FILTRATION		
25. Unit cleaned regularly and in good repair	2	
PLUMBING		
26. Non-potable water piping identified	3	
*27. No cross connections or back-siphonage possible	5	
28. Adequate pressure of 20 psi under maximum draft conditions at outlets	2	
29. No leakage or possible contamination in distribution system	3	
BACTERIOLOGICAL EXAMINATION		
*30. Frequency of bacteriological testing at least monthly	7	
*31. Meets bacteriological requirement	9	
PHYSICAL TEST		
32. Color less than limit of 15 units	3	
*33. Turbidity less than limit of 1 unit	5	
*34. Finished water meets EPA standards for all chemicals and parameters	10	
35. Adequate chlorine in the distribution system	5	
STORAGE		
36. Capable of holding one day's consumption plus emergency needs	4	
37. Condition good; water-tight construction	3	

Total Score ⁺: / 100

The items circled above are violations found on this date and must be corrected by next inspection or earlier.

*Critical items requiring immediate corrective action by Center Director

+A score less than 100 requires follow-up correspondence from the Center Director to the National Office of Job Corps and Regional Office with this inspection report detailing necessary corrective action and proposed schedule for completion.

Inspection Date: _____ Inspected By: _____

Agency or Company: _____

I, the Center Director or designee, have received a copy of this report and understand its contents.

SIGNED _____ TITLE _____

FORWARD SCANNED FORM AND CORRECTIVE ACTION WITHIN 7 DAYS OF INSPECTION TO:

INSPECTION OF WATER SUPPLY FACILITIES

1. **Purpose.** The purpose of this form is to provide Job Corps with a quarterly record of the performance and health evaluation of Job Corps centers' water supply facilities. This inspection report is not required of centers utilizing a state-approved municipal supply that satisfies the latest National Primary Drinking Water Regulations (NPDWRs).
2. **Originator.** This form is completed by an appropriate representative of an authorized public health agency or another qualified environmental health specialist, other than center-related personnel, selected by the Center Director.
3. **Frequency.** Quarterly by December 31, March 31, June 30, and September 30, and any additional time that conditions may warrant.
4. **Distribution.** This form may or may not be a multi-copy form. The original copy is retained by the center for action purposes. The original should be scanned and forwarded via e-mail to (1) the National Office of Job Corps, (2) the Regional Office of Job Corps, (3) agency or contractor operator office, and (4) the contracted inspector, if requested.
5. **General Instructions.** This form consists of two pages—an inspection form and instructions. Each item of the inspection form should be completed by the authorized person performing the inspection.
6. **Detailed Instructions.**
 - a. Indicate deficiencies by marking the WT. column (circle, "x" out, etc., the numerical weight) and providing an explanation in the comments column.
 - b. The full weighted value of an item found to be deficient will be subtracted from the total score. An explanation of exactly what was wrong should be provided by the inspector. If comments do not fit in the space provided, additional sheets may be attached to the form.
7. **Disposition.** Each recipient of this form is to maintain it on file for a period of 3 years, and then destroy.

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Expires: 5/31/2016

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Public reporting burden for this collection of information, which is required to obtain or retain benefits (29 USC 2881), is estimated to average 75 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information collection is for program management and Congressional reporting purposes. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to the U.S. Department of Labor, Office of Job Corps, Room N-4507, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0219).