

CAGAYAN DE ORO CITY

**Production Department** 

Water Quality Assurance Section

Year 2021

### DAILY TEMPERATURE MONITORING

SCHNEE CHILLER

**BINDER INCUBATOR** 

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JAN																															
FEB																															
MAR																															
APR																															
ΜΑΥ																															
JUN																															
JUL																															
AUG																															
SEP																															
ост																															
NOV																															
DEC																															

Prepared by:

Checked by:

Laboratory Staff

Senior Quality/Assurance Control Inspector



CAGAYAN DE ORO CITY **Production Department** Water Quality Assurance Section EQUIPMENT MAINTENANCE MONITORING

Year 2021

Month:			
EQUIPMENT	DATE	TYPE OF MAINTENANCE	REMARKS
			1
			1

Prepared by:

Checked by:

Laboratory Staff

Senior Lab. Tech.



CAGAYAN DE ORO CITY Production Department Water Quality Assurance Section

# **BIOSAFETY CABINET MAINTENANCE MONITORING** ▲ ▼

2021

Year

 
 MONTH
 DATE
 INFLOW
 DATE DOWNFLOW UV BULB REMARKS JAN FEB MARCH APRIL MAY JUNE JULY AUGUST SEPT ОСТ NOV DEC

\* INFLOW should be within 100-110 LFPM, DOWNFLOW should be within 58-68 LFPM

Prepared by:

Checked by:

FM-PRD-03 Laboratory Staff

Sr. Laboratory Technikolakik-XXXX



# CAGAYAN DE ORO CITY WATER DISTRICT Cagayan de Oro City PRODUCTION DEPARTMENT **Quality Control Assurance Section**

SCHEDULE OF SAMPLE COLLECTION \_\_\_\_\_ ▼ for CY 2021

MONDAY	TUESDAY	WEDNESDAY

#### SECOND WEEK

MONDAY	TUESDAY	WEDNESDAY
		1
		1

#### THIRD WEEK

MONDAY	TUESDAY	WEDNESDAY

#### FOURTH WEEK

MONDAY	TUESDAY	WEDNESDAY

Prepared by:

Checked by:

Laboratory Staff

Senior Laboratory Technician

FM-PRD-04

Water Accessibility - Our Priority!

### CAGAYAN DE ORO CITY WATER DISTRICT

PRODUCTION DEPARTMENT Water Quality Assurance Section

#### WATER QUALITY MONITORING OF REPAIRS

Year 2021

Month:

NATURE OF WORK DONE	DATE	SAMPLE LOCATION	SAMPLE NO.	TIME OF COLLECTION	COLLECTED BEFORE/AFTER WORK DONE	RC (ppm)	TURBIDITY (NTU)	рН	TEMP.	TOTAL COLIFORM	E COLI	нрс
												<u> </u>
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												<u> </u>
												+
												+
												-
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												+
												+
												+

Prepared by:

Checked by:

Laboratory Staff

Senior Laboratory Technician



**Production Department** 

**Quality Control Assurance Section** 

### Monitoring of Water Quality at Macasandig Booster Station CY 2021

Month: RESIDUAL TEMP TOTAL HPC **Cl<sub>2</sub> FEEDING** LOCATION рΗ CHLORINE TURBIDITY COLIFORM DATE TIME °C EC (cfu/ml) (PPD) (6.5-8.5) (PPM) (NTU) (0.3 - 1.5) STD: 0 - 5 < 500 cfu/ml Bunk 1 Bunk 2 MB1 MB2 Bunk 1 Bunk 2 MB1 **MB2** Bunk 1 Bunk 2 MB1 MB2 AVERAGE

Prepared by:

Laboratory Staff

Checked by:

Senior Laboratory Staff



PRODUCTION DEPARTMENT Quality Assurance Section

# MONTHLY WATER QUALITY MONITORING

CY 2021

Month:		ті	ME	RESIDUAL			ТЕМР	COLIFORM TEST (per 1 ml s	ample, rapid test, 24 hrs.)	Γ
SAMPLE NO.	LOCATION	COLLECTED	ANALYZED	CHLORINE (PPM)	TURBIDITY (NTU)	рН	°c	TOTAL COLIFORM	E COLI	HPC
	-	-	-	-	-				-	
DATE:			1					[		1
										-
DATE:										
										+
										-
DATE:										
										+
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										+
										+
										1
										1

Prepared by:

Checked by:

Laboratory Staff

Senior Laboratory Technician

FM-PRD-07



CAGAYAN DE ORO CITY WATER DISTRICT Cagayan de Oro City PRODUCTION DEPARTMENT Quality Control Assurance Section

### MICROBIOLOGICAL TEST RESULT

REQUESTING PARTY:	
ADDRESS OF REQUESTING PARTY:	
DATE & TIME OF COLLECTION:	
DATE & TIME OF ANALYSIS:	
DATE RELEASED OF RESULT:	
SAMPLE SUBMITTED BY:	
SOURCE OF SAMPLE:	

SAMPLE CODE	METHOD USED	PARAMETER	PNSDW	RESULT

#### **REMARKS:**

Organism of the Coliform group which is an indicative of pollution is not present. Water is safe for drinking purposes. This result is based on sample submitted.

# \* PNSDW - Philippine National Standards for Drinking Water

ANALYZED BY:

Medical Technologist

Quality Control Officer

SUBMITTED BY:

NOTED BY:

Manager, Production Department AGM designate for Operations



# **CALIBRATION HISTORY RECORD**

Name of Equipment			Serial No.:											
Manufacturer:			ID No.:											
Range:			Model No.:											
Resolution:			Acquisition Date:											
Application:														
Calibration Laboratory	Certificate No.	Calibration Frequency	Calibration Date	Calibration Due	Status	Remarks								

Prepared by:

Checked by:

Senior Laboratory Technician

Medical Technologist



# ANNUAL PREVENTIVE MAINTENANCE/CALIBRATION PLAN

																	YEAF	₹:			
	TOOL/	TOOL /	MODEL	AREA		NEEDS	?						SCH	IEDULE	:						STATUS
#	EQPT NO.	EQUIPMENT NAME	NAME/ SERIAL #	ASSIGNED	РМ	CAL	REP		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	(REFERENCE)
								PLAN													
								ACTUAL													
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								ACTUAL PLAN													
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					<u> </u>			ACTUAL													

Legend: PM (Preventive Maintenance); CAL (Calibration); REP (Replaced)

Prepared by:

Checked by:

Senior Laboratory Technician

Medical Technologist



# FACILITIES / EQUIPMENT MASTER LIST FOR CY \_

As of :	1 <sup>st</sup> Qua	rter 2 <sup>nd</sup> Quarter 3 <sup>rd</sup> Quart	er 4 <sup>th</sup> Q	uarter				
	FACILITY /		YEAR OF			NEE	DS?	
#	EQUIPMENT NO.	FACILITY / EQUIPMENT NAME	ACQUISITION	MODEL NAME / NUMBER	AREA ASSIGNMENT	Preventive Maintenance	Calibration	STATUS

Prepared by:

Checked by:

Senior Laboratory Technician

Medical Technologist



### Corrales Avenue, Cagayan de Oro City

# **Production Department**

## WEEKLY JOINT METER READING MONITORING

# BWSP TAKE-OFF POINT

Taguanao road, Upper Macasandig

Taguanao Junction road, Lumbia

Day	Date & Time	Flow (m3/h)	Meter Reading (cu.m)	Residual Chlorine	PSI	Remarks	Responsible	e Personnel
Saturday								
ΥĒ							COWD Representative	COBI Representative
Sunday								
~							COWD Representative	COBI Representative
Monday								
Ŋ							COWD Representative	COBI Representative
Tuesday								
Y							COWD Representative	COBI Representative
Wednesday							COWD Representative	COBI Representative
Thursday							COWD Representative	COBI Representative
Friday							COWD Representative	COBI Representative

Checked by:

Noted by:

Senior Water Utilities Mngt Officer A

OIC Division Manager, Production Operation **REPUBLIC OF THE PHILIPPINES** 



**CAGAYAN DE ORO CITY WATER DISTRICT** 

CAGAYAN DE ORO CITY Production Department

# NEW BOOSTER OPERATIONAL MONITORING

Date: SUMP CL2 RESIDUAL TIME FLOW TOTALIZER PSI REMARKS LEVEL 10:00 pm 11:00 pm 12:00 am 1:00 am 2:00 am 3:00 am 4:00 am 5:00 am 6:00 am 7:00 am 8:00 am 9:00 am 10:00 am 11:00 am 12:00 pm 1:00 pm 2:00 pm 3:00 pm 4:00 pm 5:00 pm 6:00 pm 7:00 pm 8:00 pm 9:00 pm

Prepared by:

First Shift Operator

Second Shift Operator

Third Shift Operator

Checked by:

Supervisor



**Production Department** 

## DAILY MONITORING OF RESIDUAL CHLORINE/PPD OF MACASANDIG BOOSTER STATION

For the Month of:\_\_\_\_\_

DATE		OLD	BOOST	ER STAT	ION	NEW BC	DOSTER	STATION		
		BAN	NK 1	BAN	IK 2	BAN	NK 1	OPRTS'	CLUET	REMARKS
	TIME	PPD	RC	PPD	RC	PPD	RC	NAME	SHIFT	
	9:00 am								1st	
	1:00 pm									
	3:00 pm								2nd	
	9:00 pm									
	11:00 pm								3rd	
	5:00 am									
	9:00 am								1st	
	1:00 pm									
	3:00 pm								2nd	
	9:00 pm									
	11:00 pm								3rd	
	5:00 am									
	9:00 am								1st	
	1:00 pm									
	3:00 pm								2nd	
	9:00 pm									
	11:00 pm								3rd	
	5:00 am									
	9:00 am								1st	
	1:00 pm									
	3:00 pm								2nd	
	9:00 pm									
	11:00 pm								3rd	
	5:00 am									
	9:00 am								1st	
	1:00 pm									
	3:00 pm								2nd	
	9:00 pm									
	11:00 pm								3rd	
	5:00 am									
	9:00 am								1st	
	1:00 pm									
	3:00 pm								2nd	
	9:00 pm									
	11:00 pm								3rd	
	5:00 am									
	9:00 am								1st	
	1:00 pm									
	3:00 pm								2nd	
	9:00 pm									
	11:00 pm								3rd	
	5:00 am									

FM-PRD-14

xx-xx-xxxx

### **REPUBLIC OF THE PHILIPPINES**



### CAGAYAN DE ORO CITY WATER DISTRICT CAGAYAN DE ORO CITY

Production Department

# HOURLY OPERATION RESULT

BALULANG BOOSTER BUGO BOOSTER MACASANDIG BOOSTER

OLD BOOSTERNEW BOOSTER

Date:								
TIME	BANK #	LEVEL	PSI	FLOW	TOTALIZER	BPS RUNNING	PWS RUNNING	
10:00 pm	1							
	2							
11:00 pm	2							
12.00	1							
12:00 am	2							
1:00 am	1							
	2							
2:00 am	1							
	2							
3:00 am	2							
	1							
4:00 am	2							
5:00 am	1							
5.00 um	2							
6:00 am	1							
	2							Eirst Shift Operator
7:00 am	1 2							First Shift Operator
	1							
8:00 am	2							
9:00 am	1							
5.00 am	2							
10:00 am	1							Second Shift Operator
	2							
11:00 am	1 2							
	1							
12:00 pm	2							
1:00 pm	1							
1.00 pm	2							Third Shift Operator
2:00 pm	1							
	2							
3:00 pm	1							Checked by:
	1							
4:00 pm	2							·
5:00 pm	1							Supervisor
5.00 pm	2							
6:00 pm	1							
	2							
7:00 pm	1							
	2							
8:00 pm	2							
0.00	1							
9:00 pm	2							
10:00 pm	1							
	2							1

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Water Accessibility - Our Priority	
Water Accessibility - Our Priority!	

## REPUBLIC OF THE PHILIPPINES

AGAYAN DE ORO CITY WATER DISTRICT

CAGAYAN DE ORO CITY

**OPERATIONAL MONITORING REPORT** 

Date:		[	BALU	ILANG BC	OSTER	BU/	GO BOO:	STER		CASANDIG		OLD BOOSTER NEW BOOSTER
				BP#	BP#	BP#	BP#	BP#	BP#	U		Projected Production:
TIME	SUMP LEVEL	PSI 1	PS 2	START/ STOP	START/ STOP	START/ STOP		START/ STOP	START/ STOP	CL2 FEEDING	REMARKS	
10:00 pm												Actual Production:
10:30 pm												
11:00 pm												1
11:30 pm												Feeding Rate:
12:00 am												
12:30 am												
1:00 am												
1:30 am												1
2:00 am												1
2:30 am												1
3:00 am												First Shift Operator
3:30 am												
4:00 am												-
4:30 am												-
4.30 am 5:00 am												-
5:30 am												-
6:00 am												Second Shift Operator
												Second Shint Operator
6:30 am												-
7:00 am												_
7:30 am												
8:00 am												4
8:30 am												4
9:00 am												
9:30 am												Third Shift Operator
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11:00 am												_
11:30 am												
12:00 pm												
12:30 pm												
1:00 pm												
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4:00 pm												Checked By:
4:30 pm												
5:00 pm												
5:30 pm												Supervisor
6:00 pm			Ì			Ì						1
6:30 pm												1
7:00 pm												1
7:30 pm												1
8:00 pm												1
8:30 pm												Noted By:
9:00 pm												1 ''''
9:30 pm												1
10:00 pm											<u> </u>	Production Manager
TOTAL RU		HOUR	<u>ا</u> ۲			I	1		1			



#### CAGAYAN DE ORO CITY WATER DISTRICT **Production Department** PWS DAILY MONITORING OPERATION REPORT Location:

\_\_\_\_

Date:																							
	PW i	ŧ	PW#		PW#		PW#		PW#		PW#		PW#		PW#		PW#		PW#		PW#		
TIVE	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	R E M A R K S
10:00 pm																							
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REPORTED BY:

FIRST SHIFT OPERATOR

2ND SHIFT OPERATOR

NOTED BY:

**3RD SHIFT OPERATOR** 

CHECKED BY:

FM-PRD-17 SR.WATER UTILITIES MNGT.OFFICER A

00 DEPT.MANAGER /AGM- for OPERATIONS

xx-xx-xxxx



# **REPUBLIC OF THE PHILIPPINES**

**CAGAYAN DE ORO CITY WATER DISTRICT** 

CAGAYAN DE ORO CITY **Production Department** 

### DAILY OPERATIONAL CHECKLIST OF FACILITIES AND EQUIPMENT

□ YOUNGSVILLE □ CALAANAN □ BUGO BOOSTER □ BALULANG BOOSTER □ MACASANDIG BOOSTER □ AGUSAN-TABLON

Date:	First	: Shift	Secor	nd Shift	Thir	d Shit	Remarks
MA	INTENANC						
1. Accomplished pump station							-/
operation data log.	yes	no	yes	no	yes	no	
2. Pumpset packing (for vertical							
turbine).	-						
Little leakage of water must be	normal	abnormal	normal	abnormal	normal	abnormal	
allowed through for headshaft							
and packing gland lubrication	-						
3. Vibration	normal	abnormal	normal	abnormal	normal	abnormal	
4. Noise	normal	abnormal	normal	abnormal	normal	abnormal	
5. Check valve	normal	abnormal	normal	abnormal	normal	abnormal	
		AINTENA				ubilorina	
1. Temperature of motor housin	normal	abnormal	normal	abnormal	normal	abnormal	
2. Lubrication reservoir level.	normal	abnormal	normal	abnormal	normal	abnormal	
3. Air vents for frayed inoculation	normal	abnormal	normal	abnormal	normal	abnormal	
4. Bearing of temperature and	normal	abnormal	normal	abnormal	normal	abnormal	
level of oil reservoir		abriorma	norma		lionna		
5. Oil leakage	yes	no	yes	no	yes	no	
6. Current	normal	abnormal	normal	abnormal	normal	abnormal	
7. Voltage	normal	abnormal	normal	abnormal	normal	abnormal	
		MAINTEN				abilotitiai	
1. Coolant level	normal	abnormal	normal	abnormal	normal	abnormal	
2. Oil level	normal	abnormal	normal	abnormal	normal	abnormal	
3. Fuel level							
4. Battery	normal	abnormal	normal	abnormal	normal	abnormal	
5. Belt tension, wears and tears	normal	abnormal	normal	abnormal	normal	abnormal	
		MAINTEN	ANCE OF		ATOR		
1. Feeding rate							
2. Pipe leakage	yes	no	yes	no	yes	no	
3. Air vent leakage	yes	no	yes	no	yes	no	
4. Exhaust fan	operational	abnormal	operational	abnormal	operational	abnormal	
	I	MAINTE		DF FACILIT	TIES		
1. Lighting	operational	defective	operational	defective	operational	defective	
2. Pressure gage	operational	defective	operational	defective	operational	defective	
3. Padlocks	well	defective	well	defective	well	defective	
4. Faucet	operational	defective	operational	defective	operational	defective	
5. Pump house cleanliness	clean	untidy	clean	untidy	clean	untidy	
6. Emergency light	operational	defective	operational	defective	operational	defective	
Name of Operator:		-	-	-	-	-	
Booster/Production Well							
Supervisors Remarks							
Supervisor							

Prepared by:

1st Shift Operator

2nd Shift Operator

3rd Shift Operator

Supervisor

Checked by:



JOB ORDER FOR PREVENTIVE MAINTENANCE

JOB ORDER NO.

DATE : \_\_\_\_\_

Reas	son for F	Request of JO					
		as scheduled		Breakdov	wn	Others:	
	NA	TURE OF JOB	Spec	ific Facility	Location	Assigned to	Remarks
			Ν	<b>MATERIA</b>	LS NEEDE	D	
Qty	Unit		Item			Estimated Cost	Reference

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	TOTAL ESTIMATED COST	-	

ŀ	ASSESSED BY	WORK SC	HEDULE & ASSIGNMENT
Name		Assigned to	
Signature		Scheduled starting date	
Position		Target Date	
Date		Estimated work hours	

Red	quested by:	Recommending Approval	Approved by
	PFM&R Leadman	OIC Division Manager	Department Manager
CC:	Property Div (3 copies)	Division Manager	
	Department Manager	File	



# CAGAYAN DE ORO CITY WATER DISTRICT REQUEST FOR OUTSIDE JOB

Water Accessibility - Our Priority!			Outside	loh No ·		
ATTN: PURCHASING SE	CTION ·		Outside Job No.: Date Prepared :			
			Section :			
Requesting for outside job	o of the following					
JOB	DESCRIPTION		QTY	UNIT	ESTIMATED	COST
						-
						-
						-
						-
						-
						-
TOTAL ESTIMATED OL	JTSIDE JOB ORDER					-
Purpose:						
Charged to:						
				A		
Prepared by:				Approved	d by:	
Division Manager C					Department Mana	ager
Approved as to budget:						
Department Manage	r Financa					
Department Manage	a, Finance					
FM-PRD-20	00	)			xx-xx-xxxx	
STAN DE OROC	CAGAYAN DE ORO				ſ	
· · · · · · · · · · · · · · · · · · ·	REQUEST F	OR OUTSI	IDE JO	В		
Water Accessibility - Our Priority!						
ATTN: PURCHASING SE			Date Pre			
ATTN. FUNCHASING SE	CHON.		Section	pareu .		
Requesting for outside job	o of the following					
	DESCRIPTION		QTY	UNIT	ESTIMATED	COST
						-
						-
						-
						-
						-
						-
						-
TOTAL ESTIMATED OU	JTSIDE JOB ORDER					-
TOTAL ESTIMATED OU Charge Account to:	JTSIDE JOB ORDER					-
Charge Account to:	JTSIDE JOB ORDER					-
	JTSIDE JOB ORDER					-
Charge Account to:	JTSIDE JOB ORDER					-
Charge Account to: PURPOSE:	JTSIDE JOB ORDER			Approved	d by:	-
Charge Account to:	JTSIDE JOB ORDER			Approved	d by:	-
Charge Account to: PURPOSE:	JTSIDE JOB ORDER			Approved	d by:	-
Charge Account to: PURPOSE:	JTSIDE JOB ORDER			Approved	d by: Department Mana	- -
Charge Account to: PURPOSE: Prepared by:	JTSIDE JOB ORDER			Approved	-	- -
Charge Account to: PURPOSE: Prepared by: Division Manager C	JTSIDE JOB ORDER			Approved	-	- -
Charge Account to: PURPOSE: Prepared by: Division Manager C				Approved	-	- -

xx-xx-xxxx



## PUMP PERFORMANCE TEST

Production Wel										
Date and Time								_		
Initial Flowmete					_					
Final Flowmete	r Reading		1		-		T	•	<del></del>	•
TRIALS	1	2	3	4	5	6	7	8	9	10
HEADS										
PRESSURE										
WATER LEVEL										
CAPACITY										
Flowmeter										
Orifice (Inch)										
POWER				•		•		•	<u>.</u>	
11										
12										
13										
V12										
V13										
V23										
Conducted by:						Check By:				
Pumping water lev	el				-			LEADMAN		-
Pressure monitorin	ng				-					
Capacity monitorir	ng									

Power Monitoring



### LIGHTING FIXTURES MAINTENANCE CHECK LIST

LOCATION :	DATE:						
Check of work completed, explain any " NO " answers under "Remarks"							
WORK ITEM	Check One	REMARKS					
	YES NO						
Weekly Routine Maintenance:							
<ul> <li>Check Circuit Breaker</li> <li>Check Lighting Switches</li> <li>Check Bulb and Fluorescent</li> <li>Check Electrical Wirings</li> <li>Check terminal connections</li> <li>Check Fluorescent Housing Assembly</li> <li>Check convenience outlet condition</li> </ul>							
• Check Fuse and Safety switch condition							

CONDUCTED BY:

Checked by:

TECHNICIAN

LEADMAN

00

xx-xx-xxxx



#### MOTOR CONTROL AND ASSESSORIES CHECK LIST

LOCATION:				
Check of work completed, explain any " NO " answers under "Remarks"				
WORK ITEM		c One	REMARKS	
WORK HEM	YES	NO	REMARKS	
SHUT DOWN PUMP SET				
• Check Double Throw terminals and bolts				
• Clean Double throw				
• Check Control wirings				
• Check /Tighten Control terminals and bolts				
• Check Power lines Connection				
<ul> <li>Check/Tighten Power lines terminals/ bolts</li> </ul>				
<ul> <li>Check Full Load Current settings</li> </ul>				
• Check Over and Under voltage settings				
• Check under current settings				
FOR SOFT STARTER				
• Check Start mode (adaptive control)				
<ul> <li>Check Start Profile (early acceleration)</li> </ul>				
• Check Ramp time (5 sec)				
• Check Stop mode (Adaptive mode)				
• Check Adaptive stop profile(late deceleration)				
• Check Stop Time (5 sec)				
Clean Motor Control				

Conducted By:

Check By:

TECHNICIAN

LEADMAN



#### CHLORINATING EQUIPMENT MAINTENANCE CHECKLIST

REMARKS

Conducted by:

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TECHNICIAN

LEADMAN



#### GENSET MAINTENANCE CHECK LIST

LOCATION:	DATE:			
Check of work completed, explain any " NO " answers under "Remarks"				
WORK ITEM	Check One		REMARKS	
WORK ITEM	YES	NO	REMARKS	
<ul> <li>Check Air Filter Element</li> <li>Check piping, hoses, and clamps</li> <li>Check air cleaner inlet restriction</li> <li>Clean/change air cleaner element</li> <li>Check coolant level</li> <li>Check Oil level</li> <li>Check Fuel level</li> <li>Check Engine RPM</li> <li>Check Engine frequency</li> <li>Check Engine temperature</li> <li>Check Engine Mounting Bolts/All Bolts</li> <li>Check Voltage</li> <li>Check Belt Tension</li> <li>Check Fuel &amp; Oil Hose/Piping For Leaks Battery Condition</li> </ul>				

Conducted By:

Check By:

MECHANIC

LEADMAN