

<b>POTABLE WATER CONTAINER INSPECTION</b>		REPORT DATE
<i>For use of this form see TB MED 577; the proponent of this form is the Office of The Surgeon General.</i>		
TO	FROM	
INSPECTION RATING	SERIAL NUMBER	MAP COORDINATE LOCATION
OWNING UNIT	MAINTENANCE NCO	UNIT REPRESENTATIVE
INSPECTION UNIT	DATE/TIME GROUP	INSPECTED BY

**SECTION I. WATER TRAILER INSPECTION CRITERIA**

		YES	NO
1. CONTAINER EXTERIOR	a. Marked "POTABLE WATER ONLY"		
	b. Clean/Good Repair		
2. MANHOLE COVERS	a. Rubber Gasket Intact		
	b. Locking Mechanism Functions		
	c. No Rust/Insulation Intact		
	d. Pressure Relief Valve Operates		
3. DISPENSING SPIGOTS	a. All Spigots Function		
	b. "T" Handle Operates Easily		
	c. Protective Box Intact		
	d. Locking Devices Function		
4. DRAIN	a. Plug Installed Hand-Tight		
	b. Cracks Do Not Expose Fiberglass		
	c. Plug/Hole Threads Undamaged		
	d. Threads Not Rusted		
5. CONTAINER INTERIOR: STAINLESS STEEL AND ALUMINUM	a. Clean/Good Repair		
	b. No Rust		
	c. Not Painted/Coated		
	d. No Cracks/Dents Exposing Polyurethane	<input type="checkbox"/>	<input type="checkbox"/>
6. CONTAINER INTERIOR: FIBERGLASS	a. Clean/Good Repair		
	b. Cracks/Chips Less Than 10%		
	c. Fiberglass Exposed		
	d. Paint Surface Not Flaking		

**SECTION II. WATER TANK TRUCK INSPECTION CRITERIA**

1. CONTAINER EXTERIOR	a. Marked "POTABLE WATER ONLY"		
	b. Clean/Good Repair		
2. MANHOLE COVERS AND FILLING PORTS	a. Rubber Gaskets Intact		
	b. Locking Mechanisms Function		
	c. No Rust/Insulation Intact		
3. DISPENSING VALVES	a. Valves Operate Easily		
	b. Hose Coupling Threads Undamaged		
	c. Dust Caps Attached to Valve Ports		
4. TANK INTERIOR	a. Clean/Good Repair		
	b. No Rust		
	c. Steel/Aluminum Not Painted		

**SECTION III. FABRIC TANK/DRUM INSPECTION CRITERIA**

		YES		NO	
1. CONTAINER EXTERIOR	a. Marked "POTABLE WATER ONLY"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Clean/Good Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Plugs/Patches Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. VALVE ASSEMBLY	a. Check-Valve Adapter Undamaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Coupler Valve Operates Easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Dust Cap Attached to Coupler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION IV. CONTAINER LOCATION (FIELD USE) INSPECTION CRITERIA**

1. SITE CONDITIONS	a. Manholes/Parts Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Soakage Pits Constructed Beneath Spigots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. WATER CONDITIONS	a. Chlorine Residual Adequate ( ____ ppm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Procured From: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND RECOMMENDATIONS:

PRINTED/TYPED NAME AND GRADE OF PVNTMED INSPECTOR:

SIGNATURE: