

**Form 7.2 Operational Checklist: AEROBIC TREATMENT UNIT (ATU)**

Service provided on: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Reference #: \_\_\_\_\_  
 Service provided by: Company: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date of last service: \_\_\_\_\_ By:  You  Other: \_\_\_\_\_  
 Date of last inspection: \_\_\_\_\_

1. Type of ATU:
  - a. Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_
  
2. Conditions at the ATU
  
3. ATU access
  
4. Venting/Air supply
  - a. Air supply method:  
 Aspirator  Aerator  Compressor  Blower  Free air (go to 4.g)
  - d. Pressure at air supply unit: \_\_\_\_\_ psi
  - e. Air flow at air supply unit: \_\_\_\_\_ cfm
  
5. Aeration chamber
  - b. DO in aeration chamber: \_\_\_\_\_ mg/L
  - c. pH in aeration chamber: \_\_\_\_\_
  - d. Temperature in aeration chamber: \_\_\_\_\_
  - e. Settability test:  
 Settled \_\_\_%, Floating \_\_\_% in \_\_\_\_\_ min
  
6. Additional tasks for attached-growth: media evaluation
  
7. Clarification chamber
  - d. DO in clarifier: \_\_\_\_\_ mg/L
  - e. pH in clarifier: \_\_\_\_\_
  - f. Temperature in clarifier: \_\_\_\_\_
  
8. Sludge return operating:
  
9. Control Panel: N.A. \_\_\_\_\_
  
10. Alarm(s): N.A. \_\_\_\_\_
  
11. Manufacturer's required maintenance performed? Yes \_\_\_ No \_\_\_  
*(If 'Yes', attach Manufacturers Inspection form to this report, if supplied)*
12. Lab samples collected for monitoring? Yes \_\_\_ No \_\_\_  
 Types of analysis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTES**

<ol style="list-style-type: none"> <li>2. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</li>   <li>3. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</li>   <li>4. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</li>   <li>5. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</li>   <li>6. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</li>   <li>7. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</li>   <li>8. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</li>   <li>9. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</li>   <li>10. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</li> </ol>	
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