**FORD COUNTY PUBL IC HEALTH DEPARTMENT**

 Phone 217/379-9281 ◆ 235 North Taft Street ◆ Paxton, IL 60957

 **PRIVATE SEWAGE PUMPER INSPECTION REPORT**

 **GENERAL**

1. Inspection Date

2. Person(s) Interviewed

3. Contractor’s Name License Number -

4. Telephone Number Currently Licensed [ ] Yes [ ] No

 **TRANSPORTATION**

5. License Plate Number

6. Make (Ford, Chevy, etc.) Year

7. Tank Capacity Gallons

**COMPLIES WITH COD**

 **YES NO**

8. Name & Address - 8 Inches High - Both Sides of Truck ( ) ( )

9. Tank Condition (Leak Proof & Tightly Sealed) ( ) ( )

10. Type of Pump ( ) ( )

11. Self-Priming ( ) ( )

12. Discharge Nozzle-Capped-No Discharge on Truck ( ) ( )

13. Condition of Hoses-No Leaks, Cracks, Etc. ( ) ( )

14. Cleaning Procedures of Tank, Hoses, Tools, Etc. ( ) ( )

15. Overall Cleanliness of the Equipment ( ) ( )

 **MISCELLANEOUS**

List of Persons Using This Truck:

Name License Number

Name License Number

Name License Number

Name License Number

 **COMMENTS-REQUIRED CORRECTIONS**

 \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor’s Signature Inspector’s Signature