



East Shore Road Semi Annual PMs

Semi - Annual Months: July - December 2009

East Shore Road

Headworks

Basement

-Grit Pumps

Check and Adjust Belts

Initial	Date
VZ	7/10

Primary Pump House

-Change Oil in Plunger

Initial	Date
VZ	7/10

-Adjust Connecting

Initial	Date
VZ	7/10

-Inspect Check

Initial	Date
VZ	7/10

Rods

Balls

Relief Valves

Dismantle and Clean

(As Needed)

Initial	Date
VZ	7/10

Digesters

Roof

-Grease Cover Rollers

Initial	Date
VZ	7/30

-Grease Bearings

Initial	Date
VZ	7/30

Some frozen on dis 1 + 3 roof

Main Floor

-Boilers

Check and Record

Temperature

Initial	Date	Temperature
VZ	7/30	97°F

Basement

-Exercise All Valves

Initial	Date
VZ	8/12

- Clean and Flush

Sump Pit

Initial	Date
VZ	7/30

De-Watering Building

Basement

-Change Oil in Plungers

Initial	Date
VZ	8/12

-Re-Circulators

Grease Bearings

Initial	Date
VZ	7/30

- Clean and Flush

Sump Pit

Initial	Date
VZ	7/30

Administration Building

Roof

-Exhaust Fans

Check Operation

Initial	Date
VZ	8/12

-Grease Bearings

Initial	Date
VZ	8/12

Sand Filters

Hypo Bath

Gal. of Hypo

1

Initial	Date
VZ	9/23

2

Initial	Date
VZ	9/15



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Primary Tanks

Tank 1 (North)

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	9/23

Chain Pins

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	9/23

-Replaced?

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

	North Side	South Side
Amount:	<input type="text"/>	<input type="text"/>
Total Replaced:	<input type="text"/>	

-Grit Present?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Check for Grit

If Yes...

Little	Moderate	Heavy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(check off one box)

-Caulking

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

-Caulking Replaced?

Condition of Caulking...

Good	Fair	Poor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Good, Fair or Poor?

(check off one box)

-Weirs

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Inspect Weirs

-Duration Off Line

# of Hours	Initial
<input type="text"/>	<input type="text"/>

-In Hours

Shoes

- Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	9/23

-Carry Shoe

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Inspected?

- Replaced?

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

-Rotated?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

	North Side	South Side
Amount	<input type="text"/>	<input type="text"/>
Number Replaced	<input type="text"/>	

-Stainless Steel Hardware ?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	

⇒

If No...

Yes	No	Initial	Date
<input type="checkbox"/>	<input type="checkbox"/>		

Hardware Replaced?

Chains

-Check Chain Tension

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	9/23

-Chains Adjusted?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

Drive Chain

Set #	Initial	Date
1	VR	9/23
2	VR	9/23
3	VR	9/23

Flight Chains

Set #	Initial	Date
1	VR	9/23
2	VR	9/23
3	VR	9/23

S.M. East Shore Road - 2 ✓



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Tank 2 *Middle*

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>W</i>	<i>9/22</i>

Cotter

Chain Pins

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>W</i>	<i>9/22</i>

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	⇒

	North Side	South Side
Amount:	<i>10</i>	<i>8</i>
Total Replaced:	<i>18</i>	

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>W</i>

If Yes...	Little	Moderate	Heavy
Little, Moderate or Heavy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>W</i>

Condition of Caulking...	Good	Fair	Poor
Good, Fair or Poor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>W</i>

-Duration Off Line	# of Hours	Initial
-In Hours	<i>6</i>	<i>W</i>

Shoes

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>W</i>	<i>9/22</i>

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>9/22</i>

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

	North Side	South Side
Amount	<input type="checkbox"/>	<input type="checkbox"/>
Number Replaced	<input type="checkbox"/>	

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>W</i>

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>W</i>	

If No...	Yes	No	Initial	Date
Hardware Replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chains

Yes	No	Initial	Date	Yes	No	Initial	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>W</i>	<i>9/22</i>	Chains Adjusted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>W</i>

-Drive Train

Set #	Initial	Date
1	<i>W</i>	<i>9/22</i>
2	X	X
3	X	X

-Flight Chains

Set #	Initial	Date
1	<i>W</i>	<i>9/22</i>
2	X	X
3	X	X



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Tank 3 **South**

-Pump Down Tanks

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Initial VR	Date 9/24
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Cotton
Chain Pins

-Inspected?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Initial VR	Date 9/24
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-Replaced?

Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	⇒	
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	North Side	South Side
Amount:	10	10
Total Replaced:	20	

-Grit Present?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Initial VR
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If Yes...

Little	Moderate	Heavy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-Check for Grit

Little, Moderate or Heavy?

-Caulking

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Initial VR
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Condition of Caulking...

Good	Fair	Poor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

-Caulking Replaced?

Good, Fair or Poor?

-Weirs

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Initial VR
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-Duration Off Line

# of Hours	Initial
6	VR

-Inspect Weirs

-In Hours

Shoes

- Inspected?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Initial VR	Date 9/24
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-Carry Shoe

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Initial VR
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-Inspected?

- Replaced?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	⇒	
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	North Side	South Side
Amount		
Number Replaced		

-Rotated?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Initial VR
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-Stainless Steel

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Initial VR
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If No...

Hardware Replaced?

Yes	No	Initial	Date
<input type="checkbox"/>	<input type="checkbox"/>		

Hardware ?

Chains

-Check Chain Tension

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Initial VR	Date 9/24
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-Chains Adjusted?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Initial VR
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-Drive Train

Set #	Initial	Date
1	VR	9/24
2	X	X
3	X	X

-Flight Chains

Set #	Initial	Date
1	VR	9/24
2	X	X
3	X	X



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Tank 4A *NEW*

Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>v2</i>	<i>9/25</i>

Chain Pins

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>v2</i>	<i>9/25</i>

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

	North Side	South Side
Amount:	<input type="text"/>	<input type="text"/>
Total Replaced:	<input type="text"/>	

In Inflow channel (No record)

Grit Present?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>v2</i>

If Yes...	Little	Moderate	Heavy
Little, Moderate or Heavy?	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>

(check off one box)

Caulking

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>v2</i>

Condition of Caulking...	Good	Fair	Poor
Good, Fair or Poor?	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>

(check off one box)

Weirs

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>v2</i>

Duration Off Line	# of Hours	Initial
-In Hours	<i>6</i>	<i>v2</i>

Shoes

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>v2</i>	<i>9/25</i>

Carry Shoe

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>v2</i>

Replaced?

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

	North Side	South Side
Amount	<input type="text"/>	<input type="text"/>
Number Replaced	<input type="text"/>	

Rotated?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>v2</i>

Stainless Steel Hardware?

Yes	No	Initial	Date	If No...	Yes	No	Initial	Date	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			⇒	Hardware Replaced?	<input type="checkbox"/>	<input type="checkbox"/>		

Chains

Yes	No	Initial	Date	Yes	No	Initial	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>v2</i>	<i>9/25</i>	-Chains Adjusted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>v2</i>

Drive Train

Set #	Initial	Date
1	<i>v2</i>	<i>9/25</i>
2		

Flight Chains

Set #	Initial	Date
1	<i>v2</i>	<i>9/25</i>
2	<i>v2</i>	<i>9/25</i>

Cross Collector Chains

Set #	Initial	Date
1	<i>v2</i>	<i>9/25</i>
2	<i>v2</i>	<i>9/25</i>



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Tank 4B *New*

- Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>VR</i>	<i>9/25</i>

Chain Pins

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>VR</i>	<i>9/25</i>

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>



	North Side	South Side
Amount:	<input type="text"/>	<input type="text"/>
Total Replaced:	<input type="text"/>	

*(heavy in fallout channel)
- Vactaned -*

- Grit Present?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If Yes...

Little, Moderate or Heavy?

Little	Moderate	Heavy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(check off one box)

- Caulking

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>VR</i>

Condition of Caulking...

Good	Fair	Poor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Good, Fair or Poor?

(check off one box)

- Weirs

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>VR</i>

- Duration Off Line

# of Hours	Initial
<i>6</i>	<i>VR</i>

Shoes

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>VR</i>	<i>9/25</i>

- Carry Shoe

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>VR</i>

- Inspected?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>



	North Side	South Side
Amount	<input type="text"/>	<input type="text"/>
Number Replaced	<input type="text"/>	

- Rotated?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>VR</i>

- Stainless Steel Hardware ?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>VR</i>



If No...	Yes	No	Initial	Date
Hardware Replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Chains

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>VR</i>	<i>9/25</i>

- Chains Adjusted?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>VR</i>

- Drive Chain

Set #	Initial	Date
1	<i>VR</i>	<i>9/25</i>
2	VR	9/25

- Flight Chains

Set #	Initial	Date
1	<i>VR</i>	<i>9/25</i>
2	<i>VR</i>	<i>9/25</i>

- Cross Collector Chains

Set #	Initial	Date
1	<i>VR</i>	<i>9/25</i>
2	<i>VR</i>	<i>9/25</i>

S.A. East Shore Road - 6 ✓



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Final Tanks

-Grease Shear Pin

Initial	Date
VR	11/3

Sprockets

(12 SHOTS/OFF)

Tank 1

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	11/3

Chain Pins

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	11/3

-Replaced?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

	East Side	West Side	Cross Collector
Amount Replaced:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Replaced:	<input type="text"/>		

-Grit Present?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Check for Grit

If Yes...

Little	Moderate	Heavy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Little, Moderate or Heavy?

-Caulking

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Caulking Replaced?

(check off one box)
Condition of Caulking...

Good	Fair	Poor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Good, Fair or Poor?

-Weirs

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Inspect Weirs

-Duration Off Line

# of Hours	Initial
14	VR

-In Hours

Shoes

- Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	11/3

-Carry Shoe
-Inspected?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

- Replaced?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

	East Side	West Side	Cross Collector
Amount Replaced:	<input type="text"/>	<input type="text"/>	22
Total Replaced:	20		

-Rotated?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

-Stainless Steel
Hardware ?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

If No...

Hardware Replaced?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

Chains

-Check Chain Tension

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Chains Adjusted?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

-Drive Chain

Set #	Initial	Date
1	VR	11/3
2	VR	11/3

-Flight Chains

Set #	Initial	Date
1	VR	11/3
2	VR	11/3

-Cross Collector Chains

Set #	Initial	Date
1	VR	11/3
2	VR	11/3

Note - Replaced CROSS
Collector Flight chain

S.A. East Shore Road - 7 ✓ 110 feet



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Tank 2

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	V2	10/21

Chain Pins

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	V2	10/21

-Replaced?

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

	East Side	West Side	Cross Collector
Amount Replaced:			
Total Replaced:			

-Grit Present?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	V2

-Check for Grit

-Caulking

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	V2

-Caulking Replaced?

-Weirs

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	V2

-Inspect Weirs

If Yes...

Little	Moderate	Heavy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Little, Moderate or Heavy?

(check off one box)

Condition of Caulking...

Good	Fair	Poor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Good, Fair or Poor?

(check off one box)

-Duration Off Line

# of Hours	Initial
8	V2

-In Hours

Shoes

- Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	V2	10/21

-Carry Shoe

-Inspected?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	V2

- Replaced?

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

	East Side	West Side	Cross Collector
Amount Replaced:			
Total Replaced:			

-Rotated?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	V2

-Stainless Steel Hardware ?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	V2

⇒

If No...

Yes	No	Initial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hardware Replaced?

Chains

-Check Chain Tension

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	V2

-Chains Adjusted?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

-Drive Chain

Set #	Initial	Date
1	V2	10/21
2	V2	10/21

-Flight Chains

Set #	Initial	Date
1	V2	10/21
2	V2	10/21

-Cross Collector Chains

Set #	Initial	Date
1	V2	10/21
2	V2	10/21

S.A. East Shore Road - 8 ✓



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Tank 3A

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	10/23

Chain Pins

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	10/23

Yes	No		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		

	East Side	West Side	Cross Collector
Amount Replaced:			
Total Replaced:			

-Grit Present?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

If Yes...

Little	Moderate	Heavy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-Check for Grit

Little, Moderate or Heavy?

-Caulking

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

Condition of Caulking...

Good	Fair	Poor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

-Caulking Replaced?

Good, Fair or Poor?

-Weirs

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Duration Off Line

# of Hours	Initial
80	VR

-Inspect Weirs

-In Hours

Shoes

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	10/23

-Carry Shoe

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Inspected?

	East Side	West Side	Cross Collector
Amount Replaced:			
Total Replaced:			

-Replaced?

Yes	No		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		

-Rotated?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

-Stainless Steel Hardware ?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

If No...

Hardware Replaced?

Yes	No	Initial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chains

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Chains Adjusted?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

-Drive Chain

-Flight Chains

-Cross Collector Chains

Set #	Initial	Date
1	VR	10/23
2	VR	10/23

Set #	Initial	Date
1	VR	10/23
2	VR	10/23

Set #	Initial	Date
1	VR	10/23
2	VR	10/23



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Tank 3B

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	10/23

Chain Pins

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	10/23

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

	East Side	West Side	Cross Collector
Amount Replaced:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Replaced:	<input type="text"/>		

-Grit Present?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

If Yes...

Little, Moderate or Heavy?	Little	Moderate	Heavy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-Caulking

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

(check off one box)

Condition of Caulking...	Good	Fair	Poor
Good, Fair or Poor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

-Caulking Replaced?

-Weirs

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Duration Off Line

# of Hours	Initial
10	VR

-Inspect Weirs

Shoes

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	10/23

-Carry Shoe

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Inspected?

	East Side	West Side	Cross Collector
Amount Replaced:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Replaced:	<input type="text"/>		

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

-Rotated?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

If No...

Hardware Replaced?	Yes	No	Initial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hardware ?

Chains

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Chains Adjusted?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

-Drive Chain

-Flight Chains

-Cross Collector Chains

Set #	Initial	Date
1	VR	10/23
2	VR	10/23

Set #	Initial	Date
1	VR	10/23
2	VR	10/23

Set #	Initial	Date
1	VR	10/23
2	VR	10/23



East Shore Road Semi Annual PMs

July - December 2009

Tank 3C

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	10/23

Chain Pins

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	10/23

-Replaced?

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

	East Side	West Side	Cross Collector
Amount Replaced:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Replaced:	<input type="text"/>		

-Grit Present?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

If Yes...

Little	Moderate	Heavy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-Caulking

Yes	No	Initial
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	VR

Condition of Caulking...

Good	Fair	Poor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

-Weirs

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Duration Off Line

# of Hours	Initial
10	VR

Shoes

- Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	10/23

-Carry Shoe

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

- Replaced?

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	⇒

	East Side	West Side	Cross Collector
Amount Replaced:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Replaced:	<input type="text"/>		

-Rotated?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

-Stainless Steel Hardware ?

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

If No... Hardware Replaced?

Yes	No	Initial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chains

-Check Chain Tension

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR

-Chains Adjusted?

Yes	No	Initial
<input type="checkbox"/>	<input checked="" type="checkbox"/>	VR

Drive Chain

Set #	Initial	Date
1	VR	10/23
2	VR	10/23

-Flight Chains

Set #	Initial	Date
1	VR	10/23
2	VR	10/23

-Cross Collector Chains

Set #	Initial	Date
1	VR	10/23
2	VR	10/23

S.A. East Shore Road - 11 ✓



East Shore Road Semi Annual PMs

2006 Ford F350 Utility Truck

Vehicle Maintenance

-Seat Belts Initial Date
 Check Lap/Shoulder Belts and seat latches for wear and function
 VJ 11/17

-Spare Tire Initial Date
 Make Sure Spare Tire is in Place, Secure and in Good Condition.
 Replace and Note if New Spare Needed.
 VJ 11/17

-Wiper Blades Initial Date
 Replace Wiper Blades with size 20 Driver and 20 Passenger Blades
 Check Operation of Wipers after New ones
 Replace old.
 VJ 11/17

-Weatherstrips Initial Date
 Check and lubricate door rubber weatherstrips
 VJ 11/17

-Battery Connections Initial Date
 Check and Clean Battery Connections
 VJ 11/17

-Power Steering Fluid
 Check Power Steering Fluid Levels Good? If No.. How Much Added..
 Yes No
 VJ [] → []
 Fluid Level Add more if necessary
 Initial Date
 VJ 11/17

-Parking Brake Initial Date
 Check Parking Brake for proper operation.
 VJ 11/17

-Hinges, Latches, Locks Initial Date
 Check and lubricate all hinges, latches & locks.
 VJ 11/17

-Drain Holes Initial Date
 Check and clean body and door drain holes
 VJ 11/17

-Safety Warning Lamps Initial Date
 Check safety warning lamps for operation (ABS, AirBag, SeatBelt..etc)
 VJ 11/17

-Cooling System
 Check Coolant Fluid Levels Good? If No.. How Much Added..
 Yes No
 VJ [] → []
 Level and Strength. Add more if necessary
 Initial Date
 VJ 11/17



East Shore Road Semi Annual PMs

2005 Ford F350 Extended Cab Vehicle Maintenance

-Seat Belts

Initial	Date
VZ	11/17

Check Lap/Shoulder Belts and seat latches for wear and function

-Spare Tire

Initial	Date
VZ	11/17

Make Sure Spare Tire is in Place, Secure and in Good Condition.
Replace and Note if New Spare Needed.

-Wiper Blades

Initial	Date
VZ	11/17

Replace Wiper Blades with size **20 Driver** and **20 Passenger** Blades
Check Operation of Wipers after New ones
Replace old.

-Weatherstrips

Initial	Date
VZ	11/17

Check and lubricate door rubber weatherstrips

-Battery Connections

Initial	Date
VZ	12/16

Check and Clean Battery Connections

-Power Steering Fluid

Are P. Steering Fluid Levels Good?		If No.. How Much Added..
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Check Power Steering Fluid Level
Add more if necessary

Initial	Date
VZ	11/17

-Parking Brake

Initial	Date
VZ	11/17

Check Parking Brake for proper operation.

-Hinges, Latches, Locks

Initial	Date
VZ	11/17

Check and lubricate all hinges, latches & locks

-Drain Holes

Initial	Date
VZ	11/17

Check and clean body and door drain holes

-Safety Warning Lamps

Initial	Date
VZ	11/17

Check safety warning lamps for operation (ABS, AirBag, SeatBelt, etc)

-Cooling System

Are Anti Freeze Fluid Levels Good?		If No.. How Much Added..
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Check Coolant Fluid Level and Strength.
Add more if necessary

Initial	Date
VZ	11/17



East Shore Road Semi Annual PMs

2002 Chevy Silverado 1500 Truck Vehicle Maintenance

-Seat Belts Initial Date
 Check Lap/Shoulder Belts and seat latches for wear and function 11/17

-Spare Tire Initial Date
 Make Sure Spare Tire is in Place, Secure and in Good Condition. 11/18 ①
 Replace and Note if New Spare Needed.

-Wiper Blades Initial Date
 Replace Wiper Blades with size 22 Driver and 22 Passenger Blades Check Operation of Wipers after New ones Replace old. 11/17

-Weatherstrips Initial Date
 Check and lubricate door rubber weatherstrips 11/17

-Steering and Suspension Initial Date
 Inspect front and rear suspension and steering system for damaged, loose or missing parts. Signs of weak or lack of lubrication. Inspect lines and hook-ups. 11/17

-Exhaust System Initial Date
 Inspect complete exhaust system. Look for broken, damaged, missing and out of position parts. 11/18

-Fuel System Initial Date
 Inspect fuel system for leaks. 11/17

-Engine Cooling Initial Date
 Inspect hoses and replace if damaged. Inspect all pipes, fittings and clamps. Replace if needed to be replaced. 11/18

-Throttle System Initial Date
 Inspect throttle system for interference or binding and for damaged and missing parts. Replace parts as needed. 11/18

-Power Steering Fluid
 Are P. Steering Fluid Levels Good? If No.. How Much Added..
 Check Power Steering Fluid Level Yes No
 Add more if necessary Initial Date
 11/18

-Parking Brake Initial Date
 Check Parking Brake for proper operation. 11/18

-Hinges, Latches, Locks Initial Date
 Check and lubricate all hinges, latches & locks 11/18

-Battery Connections Initial Date
 Check and Clean Battery Connections 11/18

-Safety Warning Lamps Initial Date
 Check safety warning lamps for operation (ABS, AirBag, SeatBelt, Engine Air Cleaner Filter Restriction Indicator) 11/18

-Cooling System
 Are Anti Freeze Fluid Levels Good? If No.. How Much Added..
 Check Coolant Fluid Level and Strength. Yes No
 Add more if necessary Add DEX-COOL mixture if necessary. Initial Date
 11/18

-Automatic Transmission Fluid
 Are ~~Anti Freeze~~ Fluid Levels Good? If No.. How Much Added..
 Check Transmission Fluid Level and Strength. Yes No
 Add more if necessary Initial Date
 11/18

-Transfer Case and Front Axle Initial Date
 Check front axle and transfer case adding lubricant when/if necessary. Constant fluid loss is early sign of service needed. 12/16

-Brake System Initial Date
 Inspect the complete system. Get brakes checked if braking is loose or altered than usual. 11/18

① Spare tire in back garage