



East Shore Road Semi Annual PMs

Semi - Annual Months: January - June 2011

East Shore Road ✓

Headworks

Basement

-Grit Pumps

Check and Adjust Belts

Initial	Date
VZ	1/13

Primary Pump House

-Change Oil in Plunger

Initial	Date
VZ	1/13

-Adjust Connecting

Initial	Date
VZ	1/13

-Inspect Check

Initial	Date
VZ	1/13

Relief Valves

Disassemble and Clean
(As Needed)

Initial	Date
VZ	1/13

Digesters ✓

Roof

-Grease Cover Roll

Initial	Date
VZ	1/14

-Grease Bearings

Initial	Date
VZ	1/14

Main Floor ✓

-Boilers

Check and Record
Temperature

Initial	Date	Temperature
VZ	1/14	41°F
VZ	1/14	43°F

#1 Old Line
#8

Basement

-Exercise All Valves

Initial	Date
VZ	1/14

Clean and Flush

Sump Pit

Initial	Date
VZ	1/14

De-Watering Building ✓

Basement

-Change Oil in Plungers

Initial	Date
VZ	1/14

-Re-Circulators

Grease Bearings

Initial	Date
VZ	1/14

-Clean and Flush

Sump Pit

Initial	Date
VZ	1/14

Administration Building ✓

Roof

-Exhaust Fans

Check Operation

Initial	Date
VZ	5/12

-Grease Bearings

Initial	Date
VZ	5/12

Sand Filters

Hypo Bath

Gal of Hypo

- delete - Sand Filters Demolished

Initial	Date
 	

2

Initial	Date
 	



East Shore Road Semi Annual PMs

January - June 2011

Primary Tanks

Tank 1 (NORTH)

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/20

Chain Pins

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/20

-Replaced?

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

	North Side	South Side
Amount:	0	2
Total Replaced:	2	

-Grit Present?

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

-Check for Grit

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

(check off one box)

-Weirs

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

-Duration Off Line

# of Hours	Initial
7	VR

Shoes

- Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/20

-Carry Shoe

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

- Replaced?

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

	North Side	South Side
Amount	0	2
Number Replaced	2	

-Rotated?

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

-Stainless Steel Hardware ?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/20

If No... Hardware Replaced?

Yes	No	Initial	Date
<input type="checkbox"/>	<input type="checkbox"/>	VR	4/20

Chains

-Check Chain Tension

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/20

-Chains Adjusted?

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

Drive Chain

Set #	Initial	Date
1	VR	4/20

Flight Chains

Set #	Initial	Date
1	VR	4/20

S.V. East Shore Road - 2 ✓



East Shore Road Semi Annual PMs

January - June 2011

Tank 2 (MIDDLE)

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/19

Chain Pins

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/19

-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

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

-Caulking

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

-Caulking Replaced?

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

If Yes

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

Little Moderate or Heavy?

(check off one box)

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

Condition of Caulking...

Good Fair or Poor?

(check off one box)

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

Shoes

- Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/19

-Carry Shoe

Yes	No	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/19

- Inspected?

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

- Replaced?

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

	North Side	South Side
Amount	12	12
Number Replaced	24	

-Rotated?

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

-Stainless Steel

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

If No...

Yes	No	Initial	Date
<input type="checkbox"/>	<input type="checkbox"/>	VR	4/19

Hardware ?

Chains

-Check Chain Tension

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/19

-Chains Adjusted?

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

-Drive Train

Set #	Initial	Date
1	VR	4/19
2	VR	4/19
3	VR	4/19

-Flight Chains

Set #	Initial	Date
1	VR	4/19
2	VR	4/19
3	VR	4/19

S.A. East Shore Road - 3 ✓



East Shore Road Semi Annual PMs

January - June 2011

Tank 3

(SOUTH)

-Pump Down Tank

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/5

Chain Pins

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/5

-Replaced?

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

	North Side	South Side
Amount:	240	240
Total Replaced:	480	

-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 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
200	VR

Shoes

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/5

-Carry Shoe

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

-Replaced?

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

	North Side	South Side
Amount	24	24
Number Replaced	48	

-Rotated?

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

-Stainless Steel

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/12

If No... Hardware Replaced?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/12

Chains

-Check Chain Tension

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	4/12

-Chains Adjusted?

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

Drive Train

Set #	Initial	Date
1	VR	4/13
2	VR	4/13
3	VR	4/13

Flight Chains

Set #	Initial	Date
1	VR	4/12
2	VR	4/20
3	VR	4/20

Note: Sprockets,
Flight chain, and
Flight boards Replaced

S.A. East Shore Road -4 ✓



East Shore Road Semi Annual PMs

January - June 2011

Tank 4A (NEW)

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	7.7

Chain Pins

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	7.7

-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 type="checkbox"/>	<input checked="" type="checkbox"/>	Bill

If Yes...

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

-Caulking

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

Condition of Caulking

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

-Weirs

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

-Duration Off Line

# of Hours	Initial
5	Bill

Shoes

- Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	7.7

-Carry Shoe

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

- 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"/>	Bill

-Stainless Steel

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

If No... Hardware Replaced?

Yes	No	Initial	Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bill	7.7

Chains

-Check Chain Tension

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	7.7

-Chains Adjusted?

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

Drive Train

Set #	Initial	Date
1	Bill	7.7
2	Bill	7.7

-Flight Chains

Set #	Initial	Date
1	Bill	7.7
2	Bill	7.7

-Cross Collector Chains

Set #	Initial	Date
1	Bill	7.7
2	Bill	7.7



East Shore Road Semi Annual PMs

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Tank 4B (NEW)

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B.II	7.7

Chain Pins

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B.II	7.7

-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"/>	

-Grift Present?

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

-Check for Grift

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

-Caulking

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

-Caulking Replaced?

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

-Weirs

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

-Inspect Weirs

	# of Hours	Initial
-In Hours	5	B.II

Shoes

- Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B.II	7.7

-Carry Shoe

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

-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"/>	B.II

-Stainless Steel Hardware ?

Yes	No	Initial	Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	B.II	7.7

-If No...

Yes	No	Initial	Date
Hardware Replaced?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B.II 7.7

Chains

-Check Chain Tension

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B.II	7.7

-Chains Adjusted?

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

-Drive Chain

Set #	Initial	Date
1	B.II	7.7
2	B.II	7.7

-Flight Chains

Set #	Initial	Date
1	B.II	7.7
2	B.II	7.7

-Cross Collector Chains

Set #	Initial	Date
1	B.II	7.7
2	B.II	7.7



East Shore Road Semi Annual PMs

January - June 2011

Final Tanks

-Grease Shear Pin
Sprockets
(12 SHOTS/OFF)

Initial	Date
VZ	5/18

Tank 1

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VZ	5/18

Chain Pins

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VZ	5/18

-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"/>	VZ

-Caulking

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

-Weirs

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

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
6	VZ

-In Hours

Shoes

-Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VZ	5/18

-Carry Shoe

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

-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"/>	VZ

-Stainless Steel Hardware ?

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

Chains

-Check Chain Tension

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

-Chains Adjusted?

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

-Drive Chain

Set #	Initial	Date
1	VZ	5/18
2	VZ	5/18

-Flight Chains

Set #	Initial	Date
1	VZ	5/18
2	VZ	5/18

-Cross Collector Chains

Set #	Initial	Date
1	VZ	5/18
2	VZ	5/18





East Shore Road Semi Annual PMs

January - June 2011

Tank 2

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	5/10

Chain Pins

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	5/10

-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 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"/>	VR

-Caulking Replaced?

Condition of Caulking

Good, Fair or Poor?

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

(check off one box)

-Wairs

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

-Inspect Wairs

-Duration Off Line

-In Hours

# of Hours	Initial
6	VR

Shoes

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	5/10

- Inspected?

-Carry Shoe

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

-Inspected?

-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

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

Hardware ?

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

-Check Chain Tension

-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	5/10
2	VR	5/10

Set #	Initial	Date
1	VR	5/10
2	VR	5/10

Set #	Initial	Date
1	VR	5/10
2	VR	5/10

S.A. East Shore Road - 8





East Shore Road Semi Annual PMs

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Tank 3A

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VZ	5/26

Chain Pins

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VZ	5/26

-Inspected?

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

-Replaced?



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

-Grit Present?

-Check for Grit

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

If Yes...

Little, Moderate or Heavy?

(check off one box)

Condition of Caulking...

Good, Fair or Poor?

(check off one box)

-Duration Off Line

-In Hours

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

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

# of Hours	Initial
7	VZ

-Caulking Replaced?

-Wells Inspect Wells

Shoes

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VZ	5/26

- Inspected?

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

- Inspected?

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

- Replaced?



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

-Rotated?

-Stainless Steel Hardware ?

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

If No...

Hardware Replaced?

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

Chains

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

-Check Chain Tension

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

-Chains Adjusted?

-Drive Chain

-Flight Chains

-Cross Collector Chains

Set #	Initial	Date
1	VZ	5/26
2	VZ	5/26

Set #	Initial	Date
1	VZ	5/26
2	VZ	5/26

Set #	Initial	Date
1	VZ	5/26
2	VZ	5/26





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Tank 3B

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	5/26

Chain Pins

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	5/26

-Inspected?

-Replaced?

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

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

-Grit Present?

-Check for Grit

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"/>

(check off one box)

Condition of Caulking

Good, Fair or Poor?

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

-Caulking

-Caulking Replaced?

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

(check off one box)

-Duration Off Line

-In Hours

# of Hours	Initial
7	VR

Shoes

- Inspected?

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	5/26

-Carry Shoe

-Inspected?

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

- Replaced?

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

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

-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"/>	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

-Flight Chains

-Cross Collector Chains

Set #	Initial	Date
1	VR	5/26
2	VR	5/26

Set #	Initial	Date
1	VR	5/26
2	VR	5/26

Set #	Initial	Date
1	VR	5/26
2	VR	5/26



East Shore Road Semi Annual PMs

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Tank 3C

-Pump Down Tanks

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	5/26

Chain Pins

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	5/26

-Inspected?

-Replaced?

Yes	No	Initial	Date
<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?

Check for Grit

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

If Yes...

Little Moderate or Heavy?

(check off one box)

Condition of Caulking

Good Fair or Poor?

(check off one box)

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

-Caulking

-Caulking Replaced?

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

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

-Weirs

-Inspect Weirs

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

-Duration Off Line

-In Hours

# of Hours	Initial
7	VR

Shoes

Yes	No	Initial	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VR	5/26

-Inspected?

-Carry Shoe

-Inspected?

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

-Replaced?

Yes	No	Initial	Date
<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"/>	VR

Chains

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

-Check Chain Tension

-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	5/26
2	VR	5/26

Set #	Initial	Date
1	VR	5/26
2	VR	5/26

Set #	Initial	Date
1	VR	5/26
2	VR	5/26