

PIPE-INSPECTOR CHECKLIST



Inspection of Wastewater Open Channels

Project Name: _____ **Date:** _____
Client / Entity: _____
Contact Name: _____ **Office Phone:** _____
Contact E-mail: _____ **Cell Phone:** _____

Basic data

Sections: (no. of pieces) _____
 Total length: _____ **Year Constructed:** _____
 DN max.: _____ **Material:** _____ **Pipeline length:** _____
 DN min.: _____ **Material:** _____ **Pipeline length:** _____
Gradient (approx.): _____ % **Water flow:** _____ m³/h **Culverts:** _____
Bends (no. of pieces) : _____ **Degree max.:** _____ **Diameter:** _____
Sediments: Yes No Unknown **Type:** _____
Special structures: _____ **Known damage:** _____
Latest pipeline clean: _____

Inspection purpose: Optical inspection Control of sediments Commissioning

Possible obstacles _____
Known obstacles _____

Site visit before inspection requested: Yes No

Comments _____

Place, date: _____ **Stamp, signature:** _____

The following data are required for the preparation of a budgetary quote:

Network plan: (scale 1) _____ (Attach file)
Longitudinal profile: (scale 1) _____ (Attach file)
Start point shaft no.: _____ **Pipe bottom height:** _____ above sea level
Image / scheme of start point: _____ (Attach graphics file)
End point shaft no.: _____ **Pipe bottom height:** _____ above sea level
Image / scheme of end point: _____ (Attach graphics file)