

MONTHLY LIFT STATION CHECK LIST

DATE _____ SIGNATURE _____

SUPERVISORS SIGNATURE _____

STATION#	#1	#2	#3	#4	#5	#6	
CONDITION							
PARTS, NO AL NOISE							
FREE OF ELEMENT							
ERY BACKUP GHT							

MONTHLY CHECKS

	#1	#2	#3	#4	#5	#6	
ARMS WITH ADA							
ALARMS							
FLOATS							
L SWITCHES ONAL Y/N							
WIPE OFF ALL ABLES Y/N							
ECTION NETS RED Y/N							
GREASER Y/N							
LL GREASE LDUP UM OR HIGH							

LIFT STATION HOURS

	PUMP #1	PUMP #2	TOGETHER
LIFT #1			
LIFT #2			
LIFT #3			
LIFT #4			
LIFT #5			
LIFT #6			
LIFT #7			

REMARKS: