## WATER AND SEWACE TREATMENT PLANT INSPECTION

My Voly Box

Faci	lity BB	190		Date 13 Ju	<u> </u>	Time	1190	_	
Ref:	(a) NAV	MED P-5010 A-29 CFR 1	910					Yes	No
1.			, grit chambe			free	from odors	MA	
2.	Gas mask/r	espirator s e area, not	suitable for t in the vapo	purpose and	maintaine				
3.	•	y protection	on program es	stablished, o	documented	and ol	oserved.	/	
4.		d to preve	nt entry/harl	borage of roo	dents or i	nsects	•	$\sqrt{}$	
5.	Showers pr	ovided for	employee use	e. [(a) 7-15	5, (b) 191	0.141]			7
6.			g not worn of					NA	
7.		with hot/	cold running	_			<b>3.</b>	1	
8.	Foodstuffs	not in re	frigerator on . [(a) 1-48,	_	-	tentia	11y	/	
9.	Potable wa [(a) 1-61		not subject	to contamina	ation or c	ross-c	onnection.		
10.	equipment	which may l	or smoking we be contaminat	ted. [(a) 7-	-15]	_		/	
11.			designated i				eak		,
	activities	clearly po	osted and uti	ilized. [(b)	) 1910.142	.]			<u> </u>
12.			(including tyed. [(a) 7-1						/
13.	rubber boo	ts, rubber	ewater spills gloves and	<del>coveral</del> ls.	[(a) 7-15]			<u> </u>	
14.	bag for la	undering.	minated cloth [(a) 7-14]	_	_			<u>/</u> /	
15.	spill. [(	a) 7-15)	ersonnel not:					_	
16.	training c	onducted a	ly hazardous nd safeguards	s provided.	[(b)_1910	.134]	_	<u> </u>	
17.		υ ω υ , , , , , , , , , , , , , , , , ,	REVIEWING				<u>v</u>		
			CHRICKTY O						
	-CONSUCTA	NG LABOR	merds	thather	wells P	le ane	1		
	Overall In	spection R	ating Sales	Intain	7/				
	TNSPECTOR	A.C.	uho	Ams SIIPI	ERVISOR V	NI	Kell		
	INDI HOTOK_		77	// //		- 191x	1		

Copy to: Base Safety

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