



# Lift Station COMPLIANCE CHECKLIST

Organization \_\_\_\_\_ Date \_\_\_\_\_

Building \_\_\_\_\_ Location \_\_\_\_\_

CHECKLIST ITEMS	Compliant	NOT Compliant
1. Is housekeeping satisfactory? <i>Comments:</i>		
2. Is meter functioning correctly? <i>Comments:</i>		
3. Are routine entries entered into logbook? <i>Comments:</i>		
4. Is routine maintenance performed? <i>Comments:</i>		