

UNIT PROCESS: Ultraviolet (UV) Disinfection

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|--|---------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Number of UV lamps/assemblies: | In operation: | | | |
| 2. Type of UV system and design dosage: | | | | |
| 3. Proper flow distribution between units: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | <input type="checkbox"/> NA |
| 4. Method of UV intensity monitoring: | | | | |
| 5. Adequate ventilation of ballast control boxes: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | <input type="checkbox"/> NA |
| 6. Indication of on/off status of all lamps provided: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| 7. Lamp assemblies easily removed for maintenance: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| 8. Records of lamp operating hours and replacement dates provided: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| 9. Routine cleaning system provided: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| Operate properly: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| Frequency of routine cleaning: | | | | |
| 10. Lamp energy control system operate properly: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| 11. Date of last system overhaul: | | | | |
| a. UV unit completely drained | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| b. all surfaces cleaned | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| c. UV transmissibility checked | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| d. output of selected lamps checked | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| e. output of tested lamps | | | | |
| f. total operating hours, oldest lamp/assembly | | | | |
| g. number of spare lamps and ballasts available: | lamps: | | ballasts: | |
| 12. UV protective eyeglasses provided: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| 13. General condition: | | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Comments: