NORTH DAKOTA NDIRF INSURANCE RESERVE FUND

LIFT STATION INSPECTION CHECKLIST

Routine checklist for lift station condition, alarms, controls, and site readiness.

Member/Entity (if applicable) _____

Use this form to document work consistently and retain it with sewer program records.			
Lift Station ID		**Asset/ GIS ID**	
Inspection Date		**Inspection Time**	
Inspector		**Weather/Conditions**	

Operational Checks

	Site accessible and secure		No evidence of flooding or vandalism
	Wet-well condition acceptable		Pumps operating as expected
	Controls/panel condition acceptable		Floats/level controls appear functional
	High-level alarm tested or verified		Telemetry/communication functioning
	Generator/backup power available		Fuel level acceptable where applicable
	Odor/housekeeping acceptable		No unusual vibration or noise observed

Reading and Notes

Wet-Well Level/Reading	
Alarm or Defect Observed	
Corrective Action Taken/Needed	
Contractor or Supervisor Notified	

☐ No Follow-Up Needed

☐ Follow-Up Work Order Created

Work Order # _____

Completed Date _____

Inspector		**Supervisor Review**	
Date		**Date**	

For North Dakota Local Government.

NDIRF Template Form – Optional Use. Members may modify this form to meet local operational needs.