

**City of Tempe  
Water Utilities Division  
Environmental Section  
Commercial Inspection Report**



Business Name:	Phone: (    )
Address:	Fax: (    )
Contact Name:	Quarter Section:
Title:	Manhole #:

Property Owner:		
Address:		
City/State/Zip:		
Phone (    )	Number of Shifts:	Number of Employees:
Days of Operation:	SIC Code:	NAICS Code:
GPS Location:		

Type of Business		
Manufacturing	Medical/Health Services	Warehouse
Office(s)	Educational Services	Building Construction
Retail	Service Provider	Entertainment
Assembly	Research and Testing	Other:

Water Connections		
Ion Exchange unit	Cooling Towers	Boilers
RO System	Wet Scrubbers	Cross-connection(s)
DI System	Water bath(s) or Rinses	Internal Protection (backflow)

Other Information					
Chemicals on site	Yes	No	Hazardous Waste on site	Yes	No
Chemicals stored properly	Yes	No	Manifest Available	Yes	No
Chemicals properly labeled	Yes	No	Floor drains located in facility	Yes	No
Chemicals stored outside	Yes	No	Sample site available	Yes	No

Drywells on site	Yes	No	Possible Storm water issues	Yes	No
Retention on site	Yes	No	Were photographs taken	Yes	No
Concerns Observed	Yes	No	NOI issued or on file	Yes	No
Follow up Required	Yes	No	Was a Questionnaire issued	Yes	No

Additional Information					
<b>Backflow Assembly on Site</b>			<b>Premise Code</b>		<b>Customer Code</b>
DC	PVB	AVB	<b>Sewer Code</b>		<b>Meter Number</b>
RP	SVB	None	<b>Assembly Number</b>		

<b>Addition Comments:</b>					

<b>Inspector</b>				<b>Date</b>	
Data entry completed	Yes	No			