

# WATER POINT INSPECTION REPORT

For use of this form, see FM 10-52; the proponent agency is TRADOC

DATE

TO

FROM *(Organization)*

WATER POINT INSPECTION

WATER POINT

INSPECTION RATING

NAME OF MAP COORDINATES

DATE

INSPECTOR

## Residual Chlorine

FILTER OUTLET *(ppm)*

DISTRIBUTING NOZZLE *(ppm)*

## Condition of

1. WATER POINT *(List defects and improvements of layout.)*

2. EQUIPMENT *(Tanks, hose, nozzles, etc.)*

3. ENGINES *(List numbers of those needing repair.)*

4. PERSONNEL *(Note sanitation, personal equipment.)*

REMARKS

TYPED OR PRINTED NAME AND GRADE

SIGNATURE