



BIOSOLIDS FACILITY INSPECTION FORM

Colorado Department
of Public Health
and Environment

Biosolids Management Program (WQCD-P-B2)
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Phone (303) 692-3597 Fax (303) 782-0390

GENERAL FACILITY INFORMATION

Date _____	Inspector _____	Method of Solids Disposal:
Facility Name _____	CDPS Discharge Permit # CO _____	<input type="checkbox"/> Beneficial Use (Land Application)
Facility Contact _____	Title _____	<input type="checkbox"/> Agricultural Land _____ %
Phone _____	E-mail _____	Contractor: _____
		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
		<input type="checkbox"/> Public Distribution _____ %
		<input type="checkbox"/> Other _____ %
		<input type="checkbox"/> Surface Disposal CD# _____
		<input type="checkbox"/> Landfill Name _____
		<input type="checkbox"/> Transferred to Other Facility _____
		<input type="checkbox"/> Other _____
		Solids storage capacity (days) _____

RECORDKEEPING AND REPORTING INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are records available for beneficial use or disposal practices for the past 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Pathogen Reduction, Vector Attraction Reduction and Metals records available for the past 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are field application records and soil analysis records available for the past 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a list of current biosolids application sites and locations available at the facility?

PATHOGEN DESTRUCTION INFORMATION

<input type="checkbox"/> Testing	<input type="checkbox"/> Fecal Coliform MPN or CFU (Circle One)
	<input type="checkbox"/> Salmonella
	<input type="checkbox"/> EV/VHO
	Sampling Location (please attach WWTP schematic) _____
<input type="checkbox"/> Time/Temperature - <input type="checkbox"/> Batch <input type="checkbox"/> Continuous	
Where are Temperature Readings Obtained _____	

VECTOR ATTRACTION REDUCTION INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Vector Attraction Reduction Requirements met at the facility? Method: _____
For VSR:	
Sample Locations (VSR): In: _____ Out: _____	
Show Equation used:	

Facility Representative	CDPHE Inspector
Signature _____ Date _____	Signature _____ Date _____