



Payson City Corporation WWTP Pretreatment Program Calibration & Maintenance Log

Name of Business: _____ SIC Code: _____

Address: _____ NAICS Code: _____

Business Contact: _____ Title: _____

Business Phone: _____

Calibration Maintenance

Performed on:

Flow Meter Sampler Other _____

Date of Calibration and/or Maintenance: _____

Calibration and/or Maintenance was performed:

Calibration must be performed once a year by an Out-of-House Technician.

Maintenance must be performed semi-annually by either an Out-of-House Technician or Facility Employee.

In-House Out-of-House

In-House Information:

Employee Name: _____ Title: _____

Out-of-House Information:

Company Name: _____

Certificate # (attach certificate): _____

Please attach invoice for Out-of-House Services.

Activity Performed	Performed by	Corrective Action

Notes: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate information submitted. Based on my inquiry of the person or people who manage the system, or those people directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(Signature of Authorized Representative)

(Date)