

For recording weekly visual inspections of litter/animal manure/wastewater control facilities (cleaning separators, catch basins, etc.).

Farm Operation Name _____ Farm Operator _____ CAFO # _____

Complete date of inspection & initials of inspector. Check "OK" box if no problems found. Describe any problems found & how they might be corrected in "NOTES" column. Complete "DATE CORRECTED" column when problem is corrected.

WEEK	DATE	INITIALS	OK	NOTES	DATE CORRECTED
1					
2					
3					
4					
5					
6					
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24					
25					
26					

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WEEK	DATE	INITIALS	OK	NOTES	DATE CORRECTED
27					
28					
29					
30					
31					
32					
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