



Ohio Department of Health
Bureau of Environmental Health
Residential Water
and Sewage Program

Septage Hauler Truck Inspection Report

Registrant Information

Company Name	Phone Number	County
Address	City	Zip Code

Vehicle Information

Vehicle License Plate #	Truck Number
Make & Model	Tank Capacity

Inspection Information

Vehicle Markings Compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Company name and phone number that is readily legible during daylight hours from a distance of 50 feet while the vehicle is stationary</i>	Evidence of tank leaks/bad seals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Main cap open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dripping or missing caps? <input type="checkbox"/> Yes <input type="checkbox"/> No	Missing seals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Valve conditions? (no leaks) <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Hose conditions? (No cracks, duct tape, etc.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Condition of hose racks? <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

Comments:

Approved for operation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensing Year	Inspecting Health Department	
Sanitarian Printed Name	RS/SIT Number	Phone Number	
Sanitarian Signature			Date