

**California Regional Water Quality Control Board – San Francisco Bay Region**

**SANITARY SEWER SYSTEM INSPECTION FORM**

**SECTION 1: OVERVIEW**

**SANITARY SEWER SYSTEM NAME AND LOCATION**

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ENROLLEE

WDID

CIWQS PLACE ID

--	--	--

ENROLLEE'S ADDRESS

CITY

ZIP CODE

--	--	--

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

ZIP CODE

--	--

ENROLLEE CONTACT

TITLE

--	--

PHONE NUMBER

EMAIL

**PERMISSIONS**

<p>Notified of inspection?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>Consent to inspect the facility?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>Consent to take photos during the inspection?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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*Provide rationale for any "no" responses:*

--	--	--

NAME OF PERSON WHO GAVE CONSENT

DATE

TIME

--

TITLE

**California Regional Water Quality Control Board – San Francisco Bay Region**

**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 1: OVERVIEW**

<b>INSPECTION TEAM</b>			
<b>NAME</b>	<b>TITLE</b>	<b>PHONE</b>	<b>EMAIL</b>

<b>SANITARY SEWER SYSTEM REPRESENTATIVES</b>			
<b>NAME</b>	<b>TITLE</b>	<b>PHONE</b>	<b>EMAIL</b>

<b>CIWQS LEGALLY RESPONSIBLE OFFICIAL (LRO) AND DATA SUBMITTER</b>			
List all current LROs and data submitters below:			
<b>NAME</b>	<b>TITLE</b>	<b>LRO OR DATA SUBMITTER</b>	<b>EMAIL</b>
		<input type="checkbox"/> LRO <input type="checkbox"/> Data Submitter	
		<input type="checkbox"/> LRO <input type="checkbox"/> Data Submitter	
		<input type="checkbox"/> LRO <input type="checkbox"/> Data Submitter	
		<input type="checkbox"/> LRO <input type="checkbox"/> Data Submitter	
		<input type="checkbox"/> LRO <input type="checkbox"/> Data Submitter	

**California Regional Water Quality Control Board – San Francisco Bay Region**

**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 2: SANITARY SEWER SYSTEM INFORMATION**

<b>SANITARY SEWER SYSTEM INFORMATION</b>		
Has the Annual Report been submitted to CIWQS? <sup>1</sup>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Population served by sanitary sewer system:		Service area (mi <sup>2</sup> ):
Sanitary sewer system service area boundary map available upon request?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Map showing major interceptors, trunk lines, and pump stations available upon request?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are satellite sewer system(s) discharging into this sanitary sewer system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does an interagency agreement(s) exist?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, list satellite sewer system(s)/communities:		
Who is responsible for maintaining the satellite sewer system(s)?		
<i>Inspector notes:</i>		

<sup>1</sup> The Annual Report was previously termed as Collection System Questionnaire in General Order 2006-0003-DWQ.

**California Regional Water Quality Control Board – San Francisco Bay Region**

**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 2: SANITARY SEWER SYSTEM INFORMATION**

<b>SANITARY SEWER SYSTEM ASSETS</b>			
Miles of sewer (total):		Miles of sewer laterals responsible for:	
Miles of gravity mainlines:		Portion of lateral responsible for:	<input type="checkbox"/> None <input type="checkbox"/> Lower only <input type="checkbox"/> Upper and Lower
Miles of pressurized (force) mains:		Estimated total miles of sanitary sewer system not accessible for maintenance	
Number of gravity sewers above or underground crossings of water bodies:		Number of force mains above or underground crossings of water bodies:	
What is the average age of the sewer system (age weighted by pipe length)?			
Provide the percentages of when the sewer system was constructed, replaced, or rehabilitated between the years of:		Provide percentage of the sanitary sewer system's pipe materials:	
a) 2020 – Present		Polyvinyl Chloride (PVC)	
b) 2000 – 2019		Ductile Cast Iron	
c) 1980 – 1999		Vitrified Clay	
d) 1960 – 1979		Reinforced Concrete	
e) 1940 – 1959		High Density Polyethylene (HDPE)	
f) 1920 – 1939		Other	
g) 1900 – 1919			
h) Before 1900			
i) Unknown Age			
Total of a-i			
# of mobile power sources:		# of manholes:	
# of pump stations:		# of siphons:	
# of pump stations with remote status monitoring:		# of pump stations with backup power sources:	
<i>Inspector notes:</i>			

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**SANITARY SEWER COLLECTION SYSTEM INSPECTION FORM  
SECTION 3: RECORDS REVIEW**

During the inspection, be prepared to make the following available:

- a) Work orders
- b) System inventory
- c) Sewer inspection and condition assessment records
- d) Maintenance and cleaning records
- e) Pump station operation and maintenance records/logs

*Inspector notes:*

During the inspection, be prepared to demonstrate:

- a) Maintenance management system (e.g., paper-based, computerized maintenance management system (CMMS))
- b) Telemetered monitoring and supervisory control systems (e.g., Supervisory Control and Data Acquisition (SCADA))
- c) Smart flow meter monitoring (e.g., smart manhole covers)

*Inspector notes:*

**California Regional Water Quality Control Board – San Francisco Bay Region**

**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 4: SEWER SYSTEM MANAGEMENT PLAN**

<b>ATTACHMENT D – SEWER SYSTEM MANAGEMENT PLAN – REQUIRED ELEMENTS</b>			
Is the most recent Sewer System Management Plan uploaded to CIWQS? <sup>2</sup>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, provide rationale:</i>			
When was the most recent Sewer System Management Plan approved by the local governing board?		Were there any substantial changes since the Sewer System Management Plan was last approved by the local governing board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there were any Sewer System Management Plan changes, please provide a summary of the changes here:			
<b>Does the Sewer System Management Plan contain the following elements?</b>	<b>Response:</b>	<b><i>If no, provide rationale:</i></b>	
1. Goal and Introduction	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Organization	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Legal Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Operation and Maintenance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Design and Performance Provisions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Spill Emergency Response Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Sewer Pipe Blockage Control Program	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. System Evaluation, Capacity Assurance and Capital Improvements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Monitoring, Measurement and Program Modifications	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Internal Audits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Communication Program	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<sup>2</sup> Sewer System Management Plan and Audit required due dates are available at the following link:  
[https://www.waterboards.ca.gov/water\\_issues/programs/ss0/lookup/](https://www.waterboards.ca.gov/water_issues/programs/ss0/lookup/)



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**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 5: SEWER PIPE BLOCKAGE CONTROL PROGRAM**

<b>ATTACHMENT D, SECTION 7 – SEWER PIPE BLOCKAGE CONTROL PROGRAM</b>		
Is a sewer pipe blockage control program needed to control fats, oils, grease, rags, and debris?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, provide justification:</i>		
What is the total number of restaurants in the service area?		
What is the average number of restaurants inspected annually?		
<b>Does the Sewer Pipe Blockage Control Plan include:</b>	<b>Response:</b>	<b>If no, provide rationale:</b>
<ul style="list-style-type: none"> <li>An implementation plan and schedule for a public education and outreach program that promotes the proper disposal of pipe-blocking substances</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>A plan and schedule for the disposal of pipe-blocking substances generated within the sanitary sewer system service area. This may include a list of acceptable disposal facilities and/or additional facilities needed to adequately dispose of substances generated within a sanitary sewer system service area</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>The legal authority to prohibit discharges to the system and identify measures to prevent spills and blockages</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Requirements to install grease removal devices (such as traps or interceptors), design standards for the removal devices, maintenance requirements, best management practices requirements, record keeping, and reporting requirements</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Authority to inspect grease producing facilities, enforcement authorities, and whether the Enrollee has sufficient staff to inspect and enforce the fats, oils, and grease ordinance</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>An identification of sanitary sewer system sections subject to fats, oils, and grease blockages and establishment of a cleaning maintenance schedule for each section</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Implementation of source control measures for all sources of fats, oils, and grease reaching the sanitary sewer system for each section identified above</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



**California Regional Water Quality Control Board – San Francisco Bay Region**

**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 6: OPERATIONS AND MAINTENANCE**

# of full-time equivalent employees assigned to operations and maintenance		
# of current vacancies to operate and maintain sanitary sewer system		
List vacancies below:	Annual operations and maintenance budget for past five fiscal years:	
	2022-2023	\$ _____
	2021-2022	\$ _____
	2020-2021	\$ _____
	2019-2020	\$ _____
	2018-2019	\$ _____
<b>Attach a summary of spills data from 2018-2022 with the following:</b>		
a) For each calendar year, indicate spill date, location, total volume of spill, total volume recovered, total volume returned to sanitary sewer system, and cause (pump station failure*, root blockage, fats, oil, grease, debris, force main breaks, and inadequate capacity (overflows from pipes running full, otherwise unobstructed)).		
* pump/lift station failure includes mechanical and electrical problems and inadequate pump/lift station capacity.		
b) Tabulate total number of spills for each calendar year and for the total period requested.		
<i>Inspector notes:</i>		

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**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 6: OPERATIONS AND MAINTENANCE**

**ATTACHMENT D, SECTION 6 – SPILL EMERGENCY RESPONSE PLAN**

Calendar Year:	Average time from spill notification to on-site response:		Additional Comments:
	Regular Hours	Off-Hours	
2022			
2021			
2020			
2019			
2018			

Provide a description of spill response and complaint tracking system from receiving a spill complaint to certification, including cleanup and public warning notice removal procedures:

During the inspection, be prepared to make the following available:

- a) Field spill forms
- b) Office spill reports
- c) Complaint/callout records

*Inspector notes:*

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**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 6: OPERATIONS AND MAINTENANCE**

<b>ATTACHMENT D, SECTION 4 – OPERATION AND MAINTENANCE ACTIVITIES</b>		
Does the Sewer System Management Plan include a scheduling system and a data collection system for preventive operation and maintenance activities (formerly known as a rehabilitation and replacement plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are equipment and replacement parts inventories available? If not already included in the Sewer System Management Plan, attach an up-to-date list of critical replacement parts and major equipment for operation, maintenance and emergency response.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Sewer System Management Plan	
Has there been a closed-circuit television (CCTV) condition assessment of the entire system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when was the most recent CCTV condition assessment completed? If no, provide rationale:		
Describe the CCTV condition assessment rating process and frequency:		
Has a force main condition assessment been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe how the force main condition assessment was conducted:		
<b>Does the scheduling system and a data collection system for preventive operation and maintenance activities:</b>	<b>Response:</b>	<b>If no, provide an explanation:</b> <i>If the SSMP is referenced, provide a citation and page number</i>
• Include inspection and maintenance activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Include higher-frequency inspections and maintenance of known problem areas, including areas with tree root problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Include regular visual and closed-circuit television (CCTV) inspections of manholes and sewer pipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Document data from system inspection and maintenance activities (including system areas/components prone to root-intrusion potentially resulting in system backup and/or failure)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 6: OPERATIONS AND MAINTENANCE**

Explain criteria used in pipe replacement and rehabilitation prioritization (e.g., condition assessment, proximity to water bodies):

*Explanation:*

Is the Enrollee on schedule for completing its repair and replacement?  
If no, explain the issues causing delay, below:

Yes    No

*Explanation:*

**Sewer Cleaning & Inspection Statistics for last three calendar years:**

**2022**

**2021**

**2020**

a) Total length of gravity sewer pipes cleaned (miles per year)

b) Unique length of gravity sewer pipes cleaned<sup>3</sup>

c) Total length of force mains inspected

d) Unique length of force mains inspected<sup>3</sup>

e) Unique number of manholes inspected<sup>3</sup>

Frequency that entire gravity system is cleaned:

every \_\_\_\_\_ years

Describe the hot spot cleaning and inspection schedule:

<sup>3</sup> Unique length is pipe segment length that is only counted once, even if it was cleaned multiple times in one calendar year.

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**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 7: CAPACITY**

<b>ATTACHMENT D, SECTION 8 – SYSTEM EVALUATION, CAPACITY ASSURANCE AND CAPITAL IMPROVEMENTS</b>		
<b>Does the Sewer System Management Plan include procedures to</b>	<b>Response:</b>	<b>If no, provide an explanation:</b> <i>If the SSMP is referenced, provide a citation and page number</i>
<ul style="list-style-type: none"> <li>• Evaluate the sanitary sewer system assets utilizing the best practices and technologies available</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Identify and justify the amount (percentage) of its system for its condition to be assessed each year</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Prioritize the condition assessment of system areas that:             <ul style="list-style-type: none"> <li>○ Hold a high level of environmental consequences if vulnerable to collapse, failure, blockage, capacity issues, or other system deficiencies</li> <li>○ Are located in or within the vicinity of surface waters, steep terrain, high groundwater elevations, and environmentally sensitive areas</li> <li>○ Are within the vicinity of a receiving water with a bacterial-related impairment on the most current Clean Water Act section 303(d) List</li> </ul> </li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Assess the system conditions using visual observations, video surveillance and/or other comparable system inspection methods</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Utilize observations/evidence of system conditions that may contribute to exiting of sewage from the system which can reasonably be expected to discharge into a water of the State</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Maintain documents and recordkeeping of system evaluation and condition assessment inspections and activities</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Identify system assets vulnerable to direct and indirect impacts of climate change, including but not limited to: sea level rise; flooding and/or erosion due to increased storm volumes, frequency, and/or intensity; wildfires; and increased power disruptions.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a flow monitoring program in place in the sanitary sewer system? Explain reason for response in the box below:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Explanation:</i>     		
Provide actual or estimated sanitary sewer system flows below:		
a) Average daily dry weather* flow (MGD) <sup>4</sup> :		
b) Peak daily dry weather* flow (MGD) <sup>4</sup> :		
c) Peak daily wet weather* flow (MGD) <sup>4</sup> :		
Average Annual Precipitation (inches):		

<sup>4</sup> Consider dry season between May 1 to September 30 and wet season between October 1 to April 30

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**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 7: CAPACITY**

Has the Enrollee conducted a capacity assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the most recent capacity and I/I assessment date and attach a summary of the findings:	
If yes, does the capacity assessment consider:	
<ul style="list-style-type: none"> <li>Capacity of flood-prone systems subject to increased infiltration and inflow, under <b>normal local and regional storm conditions</b>?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Capacity of systems subject to increased infiltration and inflow due to <b>larger and/or higher-intensity storm events as a result of climate change</b>?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Increases of erosive forces in canyons and streams near underground and above-ground system components due to larger and/or higher-intensity storm events?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Capacity of major system elements to accommodate dry weather peak flow conditions, and updated design storm and wet weather events?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Necessary redundancy in pumping and storage capacities?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Has the Enrollee identified any capacity-related issues?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Is the Enrollee implementing an infiltration and inflow reduction program?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Has the Enrollee prepared and implemented a capital improvement plan for capacity-related projects?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> <li>Has the Enrollee developed a schedule of completion dates for all portions of the capital improvement plan described in this section?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any capacity-related problems:	
Is the Enrollee on schedule to complete the identified capacity-related capital improvement projects? Describe any issues or problems regarding project completion:	

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**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 8: CAPITAL IMPROVEMENT PLAN**

Is the most recent sanitary sewer system Master Plan available (viewing only)? <sup>5</sup>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please attach or provide the direct website link to the sanitary sewer system Master Plan:			
When is the next scheduled sanitary sewer system Master Plan revision?			
<b>Sanitary Sewer System CIP Budget</b>			
What is the average cost of replacement per length of pipe (based on recently completed replacement projects)?		\$ _____ per mile	
What was the budget for each of the previous five fiscal years? Summarize in the table below:			
Fiscal Year	Sanitary Sewer System Budget	Capital Improvement Expenditure	Miles of pipes replaced
2022-2023			
2021-2022			
2020-2021			
2019-2020			
2018-2019			
What is the projected budget for the next five fiscal years? Summarize in the table below:			
Fiscal Year	Sanitary Sewer System Budget	Emergency Fund	
2023-2024			
2024-2025			
2025-2026			
2026-2027			
2027-2028			

<sup>5</sup> A Master Plan evaluates a sanitary sewer system to identify any existing or potential deficiencies and is used to prioritize infrastructure rehabilitation and replacement projects and project schedules for capital improvement plans.

**California Regional Water Quality Control Board – San Francisco Bay Region**

**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 8: CAPITAL IMPROVEMENT PLAN**

Is the Enrollee's Capital Improvement Plan available on the internet for public review?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the direct website link to the Capital Improvement Plan:				
What is the projected date of the Enrollee's next Capital Improvement Plan update?				
What is the approval date of the Enrollee's Capital Improvement Plan by the Enrollee's local governing board?				
Provide the project descriptions for the previous five projects' capital expenditures for the sanitary sewer system. Add attachments or rows to this table as needed:				
Attachments submitted?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Project Description	Location Description	Budget	Actual Cost	Start/Completion Date
Provide the project descriptions and computer files or maps for the next five years projected capital expenditures for the sanitary sewer system:				
Project Description	Location Description	Projected Budget	Projected Start/Completion Date	



**California Regional Water Quality Control Board – San Francisco Bay Region**

**SANITARY SEWER SYSTEM INSPECTION FORM  
SECTION 8: CAPITAL IMPROVEMENT PLAN**

<b>Sewer Rates and Connection Fees</b>				
Provide the sewer rates and number of equivalent dwelling units (EDUs) for the previous five fiscal years:				
<b>Fiscal Year</b>	<b>Residential Sewer Rate</b>	<b>Commercial Sewer Rate</b>	<b># of EDUs</b>	<b>Additional Comments</b>
2022-2023				
2021-2022				
2020-2021				
2019-2020				
2018-2019				
Provide the projected sewer rates for the next five fiscal years:				
<b>Fiscal Year</b>	<b>Residential Sewer Rate</b>	<b>Commercial Sewer Rate</b>	<b>Additional Comments</b>	
2023-2024				
2024-2025				
2025-2026				
2026-2027				
2027-2028				
Provide a brief description of all sewer funding sources (e.g., user fees, budget allocations, connection fees, property taxes):				

**California Regional Water Quality Control Board – San Francisco Bay Region**

**SANITARY SEWER COLLECTION SYSTEM INSPECTION FORM**

**APPENDIX: INSPECTOR NOTES**

**INSPECTOR NOTES**

Empty rectangular box for inspector notes.