

DEPARTMENT OF PUBLIC HEALTH		
WATER CONTAINER INSPECTION/CERTIFICATION APPOINTMENT REQUEST		
<i>INSTRUCTIONS: THIS FORM IS TO BE COMPLETED ONLY BY UNITS WITHOUT PUBLIC HEALTH (PH) SUPPORT. UNITS WITH DEPLOYED ORGANIC PUBLIC HEALTH SUPPORT WILL BE SUPPORTED BY DEPARTMENT OF PUBLIC HEALTH, UNTIL THEIR PH ASSETS ARE AVAILABLE.</i>		
REQUESTING UNIT POINT OF CONTACT		
1. POC RANK, LAST NAME, FIRST NAME		
2. UNIT (INCLUDE BDE)	3. POC PHONE NUMBER	
4. POC EMAIL ADDRESS	5. MAINTENANCE NCO	
CONTAINER INFORMATION		
Type of Container	Serial No. / Bumper No.	Location
a.		
b.		
c.		
d.		
e.		
f.		
g.		
APPOINTMENT INFORMATION		
6. REQUESTED INSPECTION DATE	7. REQUESTED INSPECTION TIME	
8. FIELD DATE (IF APPLICABLE)	<i>NOTE: REQUESTS MADE LESS THAN ONE WEEK IN ADVANCE MAY NOT BE FILLED AS PER PERSONNEL AVAILABILITY</i>	
CERTIFICATION		
<u>BY SIGNING BELOW, THE REQUESTING UNIT ACKNOWLEDGES AND VERIFIES THE FOLLOWING</u>		
a. Water trailer has been disinfected and cleaned IAW TB MED 577		
b. Water trailer inspection guide has been reviewed		
c. Cancellation of the inspection needs to be requested 24 hours prior to the inspection date		
9. LAST NAME, FIRST NAME	10. SIGNATURE	

SUBMIT