

FACILITY NAME: <i>Maple Ridge Fire hall # 2</i>		INSPECTION DATE (yyyy/mm/dd): <i>2023/oct. 18</i>	TIME SPENT: <i>1.0</i>
FACILITY ADDRESS: <i>275-01 112 Ave Maple Ridge</i>		NEXT INSPECTION DATE (yyyy/mm/dd): <i>2024/oct. 18</i>	
<input type="checkbox"/> NEW PERSON IN CHARGE: <i>Michael Albrecht.</i>		<input type="checkbox"/> New Tel: () <input type="checkbox"/> New Fax: ()	
<input type="checkbox"/> NEW EMERGENCY CONTACT: <i>City of Maple Ridge</i>		<input type="checkbox"/> New Tel: () <input type="checkbox"/> New Fax: ()	
FACILITY TYPE: <input type="checkbox"/> WS1 (300+ connections) <input type="checkbox"/> WS4 (1 public connection) <input type="checkbox"/> WS2 (15 - 300 connections) <input type="checkbox"/> WS9 (other) <input checked="" type="checkbox"/> WS3 (2 - 14 connections)		INSPECTION TYPE: <input type="checkbox"/> Initial <input type="checkbox"/> Consultation <input type="checkbox"/> Follow Up to Lab Report <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Sampling <input type="checkbox"/> Water Quality Complaint <input type="checkbox"/> Follow Up <input type="checkbox"/> Investigation <input type="checkbox"/> Water Borne Illness Complaint	
ACTION TAKEN: ADMINISTRATIVE <input type="checkbox"/> Information Provided <input type="checkbox"/> No Action Required <input type="checkbox"/> Permit Issued <input type="checkbox"/> Rescind Public Notification _____		OTHER INFORMATION: (complete for Routine Inspection) EOC (operator certification) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Acceptable SWS Training <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ERCP (emergency plan) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Report Provided to Users <input type="checkbox"/> Yes <input type="checkbox"/> No	
ENFORCEMENT <input type="checkbox"/> Require Corrections <input type="checkbox"/> Ticket Issued <input type="checkbox"/> Written Order <input type="checkbox"/> Order Public Notification _____			

HAZARD RATING FOR YOUR FACILITY: ☐ High ☐ Moderate ☒ Low

Follow Up to "Critical" Violations Noted on Previous Inspections (if applicable)			
Code	Corrected?	Code	Corrected?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Code	Explanation of Violations, Recommendations or Comments	(✓) Corrected During Insp.	Date To Be Corrected By
	<i>Water system well maintained</i>		
	<i>5m → 1m → 5 carbon - UV unit</i>		
	<i>Water softener</i>		
	<i>Water quality + sampling frequency in compliance</i>		

RECEIVED BY (Signature): <i>[Signature]</i>	EHO (Signature): <i>[Signature]</i>
PRINTED NAME: <i>Michael Albrecht</i>	EHO PRINTED NAME: <i>Heather St...</i>