

FACILITY NAME: <i>Maple Ridge Firehall #2</i>		INSPECTION DATE (yyyy/mm/dd): <i>2024/June/14</i>	TIME SPENT: <i>1.0</i>
FACILITY ADDRESS: <i>27501 - 112 Ave., Maple Ridge</i>		NEXT INSPECTION DATE (yyyy/mm/dd): <i>2025/June/15</i>	
☐ NEW PERSON IN CHARGE: <i>Michael Albrecht</i>		☐ New Tel: <i>604-363-6671</i> ☐ New Fax: ()	
☐ NEW EMERGENCY CONTACT: <i>City of Maple Ridge</i>		☐ New Tel: <i>604-463-5221</i> ☐ New Fax: ()	
FACILITY TYPE: ☐ WS1 (300+ connections) ☐ WS4 (1 public connection) ☐ WS2 (15 - 300 connections) ☐ WS9 (other) ☒ WS3 (2 - 14 connections)		INSPECTION TYPE: ☐ Initial ☐ Consultation ☐ Follow Up to Lab Report ☒ Routine ☐ Sampling ☐ Water Quality Complaint ☐ Follow Up ☐ Investigation ☐ Water Borne Illness Complaint	
ACTION TAKEN: ADMINISTRATIVE ☒ Information Provided ☐ No Action Required ☐ Permit Issued ☐ Rescind Public Notification		OTHER INFORMATION: (complete for Routine Inspection) EOCB (operator certification) ☐ Yes ☒ No ☒ N/A Acceptable SWS Training ☐ Yes ☒ No ☒ N/A ERCP (emergency plan) ☐ Yes ☒ No ☒ N/A Annual Report Provided to Users ☐ Yes ☒ No ☒ N/A	
ENFORCEMENT ☐ Require Corrections ☐ Ticket Issued ☐ Written Order ☐ 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?
	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No

Code	Explanation of Violations, Recommendations or Comments	(✓) Corrected During Insp.	Date To Be Corrected By
	<i>Drinking water treatment system maintained well. UV unit, (5um, 1um, Carbon filters) + water softener. Treatment system well operated.</i> <i>Bacteriological water sampling frequency & water quality is in compliance. (filter 2x/yr & UV unit 1x/yr.)</i> <i>Analyses for health-based physical & chemical parameters performed May 29, 2024. These parameters are in compliance with health guidelines for water quality.</i> <i>Good well head protection in treatment shed.</i> <i>Review & update of ERCP discussed.</i>		

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