

**VAPOR SYSTEM INSPECTION FORM
ANNUAL INSPECTION**

AECOM

Sub-Slab Soil Vapor Depressurization System
220 South Dawson Street, Seattle, Washington

VIMS-1, VIMS-3, VIMS-4, VIMS-5A, VIMS-5B

Performed by: _____ Date: _____ Time: _____

Performed by: _____

Piping Check – VIMS-1/5A/5B¹

	<u>Yes</u>	<u>No</u>	<u>Not Accessible</u>
System suction points are sealed?	_____	_____	_____
Piping system is properly supported?	_____	_____	_____
Audible or visual evidence of pipe leaks?	_____	_____	_____
Excessive noise is heard in piping joints?	_____	_____	_____
Valve(s) & manometer(s) installed properly?	_____	_____	_____
Correct labels applied in proper location?	_____	_____	_____
If accessible, concrete joint seals worn or cracked?	_____	_____	_____

Piping Check – VIMS-4

	<u>Yes</u>	<u>No</u>	<u>Not Accessible</u>
System suction points are sealed?	_____	_____	_____
Piping system is properly supported?	_____	_____	_____
Audible or visual evidence of pipe leaks?	_____	_____	_____
Excessive noise is heard in piping joints?	_____	_____	_____
Valve(s) & manometer(s) installed properly?	_____	_____	_____
Correct labels applied in proper location?	_____	_____	_____
If accessible, concrete joint seals worn or cracked?	_____	_____	_____

Piping Check – VIMS-3

	<u>Yes</u>	<u>No</u>	<u>Not Accessible</u>
System suction points are sealed?	_____	_____	_____
Piping system is properly supported?	_____	_____	_____
Audible or visual evidence of pipe leaks?	_____	_____	_____
Excessive noise is heard in piping joints?	_____	_____	_____
Valve(s) & manometer(s) installed properly?	_____	_____	_____
Correct labels applied in proper location?	_____	_____	_____
If accessible, concrete joint seals worn or cracked?	_____	_____	_____

If modifications/corrective actions were needed, please provide the observations made, the corrective actions/modifications made or recommended repair or modifications needed.

Other Comments:

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Electrical Check – VIMS-1/5A/5B, VIMS-4

	<u>Yes</u>	<u>No</u>	<u>Not Accessible</u>
Excessive noise heard when fan is running?	_____	_____	_____
Electrical junction box all closed?	_____	_____	_____
Electrical conduit properly supported?	_____	_____	_____
Correct labels applied in proper location?	_____	_____	_____

Electrical Check – VIMS-3

	<u>Yes</u>	<u>No</u>	<u>Not Accessible</u>
Excessive noise heard when fan is running?	_____	_____	_____
Electrical junction box all closed?	_____	_____	_____
Electrical conduit properly supported?	_____	_____	_____
Correct labels applied in proper location?	_____	_____	_____

Roof Check – VIMS-1/5A/5B, VIMS-4

	<u>Yes</u>	<u>No</u>	<u>Not Accessible</u>
Fan in operation?	_____	_____	_____
Excessive noise heard when fan is running?	_____	_____	_____
System suction points are sealed?	_____	_____	_____
Are all anchors/supports correctly installed?	_____	_____	_____
Piping system is properly supported?	_____	_____	_____
Correct labels applied in proper location?	_____	_____	_____

Roof Check – VIMS-3

	<u>Yes</u>	<u>No</u>	<u>Not Accessible</u>
Fan in operation?	_____	_____	_____
Excessive noise heard when fan is running?	_____	_____	_____
System suction points are sealed?	_____	_____	_____
Are all anchors/supports correctly installed?	_____	_____	_____
Piping system is properly supported?	_____	_____	_____
Correct labels applied in proper location?	_____	_____	_____

If modifications/corrective actions were needed, please provide the observations made, the corrective actions/modifications made or recommended repair or modifications needed.

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Tenant Interview

Name: _____ Contact Information: _____

	<u>Yes</u>	<u>No</u>
Any problems with conducting business with the VIMS running?	_____	_____
VIMS problems noticed?	_____	_____
Damage to any part of the VIMS?	_____	_____
VIMS accessible?	_____	_____
Have the following items changed since the last monthly visit?		
• Building support structures or footprint	_____	_____
• Heating/Ventilating Systems	_____	_____
• Drains, Sumps, Floor Cracks, Concrete Joint Seals	_____	_____
• Wall Penetrations, Cracks	_____	_____

If modifications/corrective actions were needed, please provide the observations made, the corrective actions/modifications made or recommended repair or modifications needed.

Other Comments

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Manometer Readings

	Pressure (inches of water)			Variation \geq 1.0 inch of water Compared to Previous Month?	
	<u>Left Side</u>	<u>Right Side</u>	<u>Total</u>	<u>Yes*</u>	<u>No</u>
VIMS-1/5A/5B ⁱ	_____	_____	_____	_____	_____
VIMS-4	_____	_____	_____	_____	_____
VIMS-3	_____	_____	_____	_____	_____

* If yes, please complete the following.

Previous Month's Manometer Readings

	Pressure (inches of water)		
	<u>Left Side</u>	<u>Right Side</u>	<u>Total</u>
VIMS-1/5A/5B ⁱ	_____	_____	_____
VIMS-4	_____	_____	_____
VIMS-3	_____	_____	_____

Was repair made within 7 days?	<u>NA</u>	<u>Yes</u>	<u>No*</u>
VIMS-1/5A/5B ⁱ	_____	_____	_____
VIMS-4	_____	_____	_____
VIMS-3	_____	_____	_____

Please provide the corrective actions made, or recommended repair or modification needed.

* If no, notification to Ecology by phone and email is required within 7 calendar days after the observation is made.

Other Comments
