

**VAPOR SYSTEM INSPECTION FORM
MONTHLY 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:

**VAPOR SYSTEM INSPECTION FORM
MONTHLY INSPECTION**

AECOM

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

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

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

Excessive noise heard when fan is running?
Electrical junction box all closed?
Electrical conduit properly supported?
Correct labels applied in proper location?

Yes

No

**Not
Accessible**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Electrical Check – VIMS-3

Excessive noise heard when fan is running?
Electrical junction box all closed?
Electrical conduit properly supported?
Correct labels applied in proper location?

Yes

No

**Not
Accessible**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tenant Interview

Name: _____

Contact Information: _____

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

Yes

No

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Other Comments

**VAPOR SYSTEM INSPECTION FORM
MONTHLY INSPECTION**

AECOM

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

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

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.

<u>Previous Month's Manometer Readings</u>						
	Pressure (inches of water)			<u>NA</u>	<u>Yes</u>	<u>No*</u>
	<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?						
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

ⁱ VIMS-1/5A/5B represents the combined piping associated with each of these locations. Individual manometers are not installed on VIMS-1, VIMS-5A, and VIMS-5B.