

INSPECTION REPORT -DAMS

Date: _____

Location _____ Section _____ Township _____ Range _____

Watershed (If applicable) _____

Inspection Team

	1 _____	2 _____
	3 _____	4 _____
	5 _____	6 _____
	7 _____	

Project Channels - Review Subparts D & F of National O&M Manual before inspection.
 Non-project Channels - Review Subparts C & F of National O&M Manual before inspection.

ITEM	DAM NAME OR NUMBER							
Stability								
Rilling								
Slides								
Cracks								
Vegetation								
Sod Chutes								
Pool Area								
Debris								
Sediment								
Concrete								
Inlet								
Outlet								
Trash Rack								
Riprap								
Gates								
Plunge Pool								
Outlet Ditch								
Toe Drains								
New Homes(Downstream)								
Wet Areas (Downstream)								
Bike Trails								
Other:								

NA - Not Applicable NP - No Problem (1) - See Remarks, refer to remark by appropriate number

REMARKS