

DAM INSPECTION CHECKLIST

Dam Name: _____ Inspection Date: _____

Your Name: _____ Provincial Dam File No.: _____

Was the spillway flowing? **Y N** If yes, what was the approximate flow rate? _____
(circle one) If no, then how far was the reservoir drawn down below the spillway sill level? _____

Was the outlet open? **Y N** If yes, what was the approximate discharge rate? _____

Are the following components of your dam in SATISFACTORY CONDITION? Yes or No? (check one if applicable)

<i>EMBANKMENT</i>			<i>OUTLET</i>			<i>SPILLWAY</i>		
	Y	N		Y	N		Y	N
1. U/S Slope	<input type="checkbox"/>	<input type="checkbox"/>	1. Outlet Pipe	<input type="checkbox"/>	<input type="checkbox"/>	1. Debris Boom	<input type="checkbox"/>	<input type="checkbox"/>
Crest	<input type="checkbox"/>	<input type="checkbox"/>	2. Energy Dissipater	<input type="checkbox"/>	<input type="checkbox"/>	2. Entrance	<input type="checkbox"/>	<input type="checkbox"/>
D/S Slope	<input type="checkbox"/>	<input type="checkbox"/>	3. Stilling Basin	<input type="checkbox"/>	<input type="checkbox"/>	3. Sill	<input type="checkbox"/>	<input type="checkbox"/>
D/S Toe	<input type="checkbox"/>	<input type="checkbox"/>	4. Toe Drains	<input type="checkbox"/>	<input type="checkbox"/>	4. Apron	<input type="checkbox"/>	<input type="checkbox"/>
Drains	<input type="checkbox"/>	<input type="checkbox"/>	5. Outlet Channel	<input type="checkbox"/>	<input type="checkbox"/>	5. Walls	<input type="checkbox"/>	<input type="checkbox"/>
			6. Measuring Weir	<input type="checkbox"/>	<input type="checkbox"/>	6. Channel	<input type="checkbox"/>	<input type="checkbox"/>
			7. Outlet Controls	<input type="checkbox"/>	<input type="checkbox"/>	7. Channel Slopes	<input type="checkbox"/>	<input type="checkbox"/>
			8. Gates	<input type="checkbox"/>	<input type="checkbox"/>	8. Gates	<input type="checkbox"/>	<input type="checkbox"/>

Were any of the following POTENTIAL PROBLEM INDICATORS found?

<i>INDICATOR</i>	<i>EMBANKMENT</i>		<i>OUTLET</i>		<i>SPILLWAY</i>	
	YES	NO	YES	NO	YES	NO
a) Seepage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) External Erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Sloughing / Slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Animal Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Excessive Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Excessive Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on any deficiency found:

Note: Please complete this report form annually. A copy may be requested by the Provincial Dam Safety Officer in your Region.