KEFRI/F/ADM/25



**EFFLUENT RECEPTACLE INSPECTION FORM**

CENTRE …………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE CHECKED** | **RECEPTACLE NO.** | **LEVEL (Low, medium, almost full, Full)** | **REMARKS** | **SIGNATURE OF INSPECTOR** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |