



# Maintenance Hole Inspection Form

Report by, Name: \_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

## Asset Identification

Maintenance Hole Number: MH \_\_\_\_\_

MH Type (H,G,F,E,X)

Address: \_\_\_\_\_

MH Diameter

(mm)

\_\_\_\_\_

MH Depth (downstream)

(m)

## Location of Maintenance Hole

On Roadway

On Footpath/Road Reserve

On Private Property

Other (Provide Details)

On Private Driveway

On Drainage Easement

On Parkland/Creek

\_\_\_\_\_

Can MH be located?  
Is MH at Surface Level?

Yes

Yes

No

No (Above/Below Ground)

MH Access hindered?

No

Yes, Inside Building

Yes, Locked Yard

Yes, Under Debris

MH Lid Type

Rectangular Concrete Infill

Circular Concrete Infill

Circular Cast Iron

Triangular Cast Iron

Other: \_\_\_\_\_

Condition of MH Lid

Good

Satisfactory

Needs Replacement

Poor Fit (leaking)

Bolted/Sealed

Unable to open

Condition of MH lid Frame

Good

Off set

Loose

Cracked

MH has ladder or step irons?

Ladder

Step Irons

Condition?

Good/Satisfactory

Missing

Replace Part Length

Replace Full Length

Condition of MH Benching?

Good

Missing

Requires Repair

|   |   |   |  |  |  |   |  |  |  |   |   |
|---|---|---|--|--|--|---|--|--|--|---|---|
| <b>Condition of MH wall? (Tick all that apply)</b>  | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Excellent</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Satisfactory</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Poor</td> <td style="border: none;"><input type="checkbox"/> Lined</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Leaking</td> <td style="border: none;"><input type="checkbox"/> Cracked</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Severe Sulphide Attack</td> <td></td> </tr> </table> <p style="margin-left: 40px;">If poor, provide comments: _____</p>   | <input type="checkbox"/> Excellent            | <input type="checkbox"/> Satisfactory                  | <input type="checkbox"/> Poor                  | <input type="checkbox"/> Lined                       | <input type="checkbox"/> Leaking              | <input type="checkbox"/> Cracked           | <input type="checkbox"/> Severe Sulphide Attack      |  |   |   |
| <input type="checkbox"/> Excellent  | <input type="checkbox"/> Satisfactory   |   |  |  |  |   |  |  |  |   |   |
| <input type="checkbox"/> Poor   | <input type="checkbox"/> Lined  |   |  |  |  |   |  |  |  |   |   |
| <input type="checkbox"/> Leaking  | <input type="checkbox"/> Cracked  |   |  |  |  |   |  |  |  |   |   |
| <input type="checkbox"/> Severe Sulphide Attack   |   |   |  |  |  |   |  |  |  |   |   |
| <b>MH contains Drop pipes?</b><br><br><b>If Yes, Condition?</b>   | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Yes, how many? _____</td> <td style="width: 50%; border: none;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Satisfactory</td> <td style="border: none;"><input type="checkbox"/> Blocked (Requires Cleaning)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Needs Repair</td> <td></td> </tr> </table>  | <input type="checkbox"/> Yes, how many? _____ | <input type="checkbox"/> No                            | <input type="checkbox"/> Satisfactory          | <input type="checkbox"/> Blocked (Requires Cleaning) | <input type="checkbox"/> Needs Repair         |  |  |  |   |   |
| <input type="checkbox"/> Yes, how many? _____   | <input type="checkbox"/> No   |   |  |  |  |   |  |  |  |   |   |
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| <input type="checkbox"/> Needs Repair   |   |   |  |  |  |   |  |  |  |   |   |
| <b>MH contains Backdrops?</b><br><br><b>If Yes, Condition?</b>  | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Yes, how many? _____</td> <td style="width: 50%; border: none;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Satisfactory</td> <td style="border: none;"><input type="checkbox"/> Blocked (Requires Cleaning)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Needs Repair</td> <td></td> </tr> </table>  | <input type="checkbox"/> Yes, how many? _____ | <input type="checkbox"/> No                            | <input type="checkbox"/> Satisfactory          | <input type="checkbox"/> Blocked (Requires Cleaning) | <input type="checkbox"/> Needs Repair         |  |  |  |   |   |
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| <input type="checkbox"/> Needs Repair   |   |   |  |  |  |   |  |  |  |   |   |
| <b>MH affected by ingress of tree roots?</b>  | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> No</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Yes, from underneath top slab</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Yes, through benching</td> <td style="border: none;"><input type="checkbox"/> Yes, from sewer pipe</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Yes, through MH wall</td> <td style="border: none;"><input type="checkbox"/> Yes, other: _____</td> </tr> </table>   | <input type="checkbox"/> No                   | <input type="checkbox"/> Yes, from underneath top slab | <input type="checkbox"/> Yes, through benching | <input type="checkbox"/> Yes, from sewer pipe        | <input type="checkbox"/> Yes, through MH wall | <input type="checkbox"/> Yes, other: _____ |  |  |   |   |
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| <input type="checkbox"/> Yes, through MH wall   | <input type="checkbox"/> Yes, other: _____  |   |  |  |  |   |  |  |  |   |   |
| <b>Is stormwater likely to pond around MH?</b><br><b>Any evidence of MH lid lifted to relieve pond water?</b> | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Yes</td> <td style="width: 50%; border: none;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Yes: _____</td> <td style="border: none;"><input type="checkbox"/> No</td> </tr> </table>  | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                            | <input type="checkbox"/> Yes: _____            | <input type="checkbox"/> No                          |   |  |  |  |   |   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |   |  |  |  |   |  |  |  |   |   |
| <input type="checkbox"/> Yes: _____   | <input type="checkbox"/> No   |   |  |  |  |   |  |  |  |   |   |
| <b>Evidence of Illegal connection into MH?</b>  | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Yes</td> <td style="width: 50%; border: none;"><input type="checkbox"/> No</td> </tr> </table>   | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                            |  |  |   |  |  |  |   |   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |   |  |  |  |   |  |  |  |   |   |
| <b>ACTION Required to Rectify Defects?</b><br><b>If Yes, Select Option</b>                                    | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Yes</td> <td style="width: 50%; border: none;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Locate/Raise MH</td> <td style="border: none;"><input type="checkbox"/> Unblock/Replace drop pipes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Replace MH lid/frame</td> <td style="border: none;"><input type="checkbox"/> Unblock backdrops</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Replace MH step iron/ladder</td> <td style="border: none;"><input type="checkbox"/> MH lining required (sulphide)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Repair MH Benching</td> <td style="border: none;"><input type="checkbox"/> Seal MH lid to reduce inflow</td> </tr> </table> | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                            | <input type="checkbox"/> Locate/Raise MH       | <input type="checkbox"/> Unblock/Replace drop pipes  | <input type="checkbox"/> Replace MH lid/frame | <input type="checkbox"/> Unblock backdrops | <input type="checkbox"/> Replace MH step iron/ladder | <input type="checkbox"/> MH lining required (sulphide) | <input type="checkbox"/> Repair MH Benching | <input type="checkbox"/> Seal MH lid to reduce inflow |
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| <input type="checkbox"/> Repair MH Benching   | <input type="checkbox"/> Seal MH lid to reduce inflow   |   |  |  |  |   |  |  |  |   |   |

Additional Comments/Sketch detailing pipe connections in the MH (including Size):