

60-DAY RECTIFIER FORM

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SECTION 1:	FACILITY INF	ORMAT	ION					
Facility Name:								
Street Address:					County:			
City:				State:		Zip Code:		
Phone #:				Facility ID#:		AFIN:		
SECTION 2:	RECTIFIER IN	FORMA	TION					
Location of Rect	ifier at Facility:							
Rectifier Design	Output (Amps):							
SECTION 3:	INSTRUCTIO	NS						
Inspections are	Inspections are required at least every 60 days.							
NOTE: If the rectifier is turned on and the volt and/or amp reading recorded below is zero, immediately contact a cathodic protection tester or expert to repair the cathodic protection system.								
SECTION 3: INSPECTION LOG								
SECTION 3:	INSPECTION	LOG						
SECTION 3: Month	Date Inspected	LOG Rectif Turned	-		DC Output	Rectifier Clock Reading	Initials	
		Rectif Turned	On?	Rectifier I Volts	DC Output Amps		Initials	
		Rectif Turned Yes	No		•	Clock Reading	Initials	
		Rectif Turned Yes Yes	No No		•	Clock Reading	Initials	
		Rectif Turned Yes Yes	No		•	Clock Reading	Initials	
		Rectif Turned Yes Yes Yes	No No		•	Clock Reading	Initials	
		Rectif Turned Yes Yes Yes Yes	No No No		•	Clock Reading	Initials	
		Rectif Turned Yes Yes Yes Yes Yes	No N		•	Clock Reading	Initials	
		Rectif Turned Yes Yes Yes Yes Yes	No N		•	Clock Reading	Initials	
		Rectif Turned Yes Yes Yes Yes Yes Yes	No A A A A A A A A A A A A A A A A A A A		•	Clock Reading		
		Rectif Turned Yes Yes Yes Yes Yes Yes Yes	No N		•	Clock Reading	Initials	

Yes

Yes

No

No

SECTION 4: REPAIRS						
Date of Any Repairs	Description of Any Repairs					
SECTION 5: COMM	AENTS					