City of Hollister
Lift Station Log

Lift Station: _____

Complete all columns daily. Log the date and initials for staff completing inspections. Record pump run times and respond to additional columns with Yes/No response.

Summarize additional observations/conditions and maintenance performed in appropriate column.

Date & Initials	Run Time Pump #1	Run Time Pump #2	Run Time Pump #3	Test Pumps in Hand and Auto	Test Controls	Seal Failure Light On?	Test Alarms	Test Emergency Power Supply	Other Observed Conditions	Maintenance Performed