



SITE SURVEILLANCE (For Concrete Dams)

It is recommended that you customize this form for your dam

Dam Name: _____ Dam File #: _____

Inspection Date: _____ Frequency of Inspections: _____

Your Name: _____ Other Participants: _____

Was the spillway flowing? If yes, what was the water depth over the spillway sill? _____

Y N (circle one) If no, how far was the water below the spillway sill level? _____

Was the low level outlet open? If yes, what was the approximate discharge rate? _____

Y N (circle one)

Are the following components of your dam in *SATISFACTORY CONDITION*? Yes or No?

Check box if applicable - Please refer to the Inspection and Maintenance of Dams manual for dam inspection information

<i>CONCRETE STRUCTURE</i>			<i>OUTLET</i>			<i>SPILLWAY</i>		
	Y	N		Y	N		Y	N
1. Alignment	<input type="checkbox"/>	<input type="checkbox"/>	1. Outlet Pipe	<input type="checkbox"/>	<input type="checkbox"/>	1. Debris Boom	<input type="checkbox"/>	<input type="checkbox"/>
2. Joint Filler	<input type="checkbox"/>	<input type="checkbox"/>	2. Energy Dissipater	<input type="checkbox"/>	<input type="checkbox"/>	2. Entrance	<input type="checkbox"/>	<input type="checkbox"/>
3. Concrete Condition	<input type="checkbox"/>	<input type="checkbox"/>	3. Stilling Basin	<input type="checkbox"/>	<input type="checkbox"/>	3. Sill	<input type="checkbox"/>	<input type="checkbox"/>
4. Drains	<input type="checkbox"/>	<input type="checkbox"/>	4. Drains	<input type="checkbox"/>	<input type="checkbox"/>	4. Apron	<input type="checkbox"/>	<input type="checkbox"/>
5. Public safety signs	<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>CONCRETE STRUCTURE</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) Horizontal Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Excessive Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on any problems, concerns or deficiencies found:

- Complete and file this report form weekly or as required in your OMS manual.
- This form may also be used for monthly inspections of significant failure consequence dams or for quarterly inspections for low failure consequence dams (see Schedule 2 of the Dam Safety Regulation).
- Documentation of your site surveillance may be requested by a Provincial Dam Safety Officer.

Updated: September 2014



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