



SITE SURVEILLANCE

(For Dams with Earth or Rock Embankments)

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

| EMBANKMENT | | | OUTLET | | | SPILLWAY | | |
|------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| | Y | N | | Y | N | | Y | N |
| 1. U/S Slope | <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. Crest | <input type="checkbox"/> | <input type="checkbox"/> | 2. Energy Dissipater | <input type="checkbox"/> | <input type="checkbox"/> | 2. Entrance | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. D/S Slope | <input type="checkbox"/> | <input type="checkbox"/> | 3. Stilling Basin | <input type="checkbox"/> | <input type="checkbox"/> | 3. Sill | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. D/S Toe | <input type="checkbox"/> | <input type="checkbox"/> | 4. Drains | <input type="checkbox"/> | <input type="checkbox"/> | 4. Apron | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Seepage Weirs | <input type="checkbox"/> | <input type="checkbox"/> | 5. Outlet Channel | <input type="checkbox"/> | <input type="checkbox"/> | 5. Walls | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Public safety signs | <input type="checkbox"/> | <input type="checkbox"/> | 6. Measuring Weir | <input type="checkbox"/> | <input type="checkbox"/> | 7. Channel | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 7. Outlet Controls | <input type="checkbox"/> | <input type="checkbox"/> | 8. Channel Slopes | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 8. Gates | <input type="checkbox"/> | <input type="checkbox"/> | 9. Gates | <input type="checkbox"/> | <input type="checkbox"/> |

Were any of the following POTENTIAL PROBLEM INDICATORS found?

| INDICATOR | EMBANKMENT | | OUTLET | | SPILLWAY | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 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) Sloughing / Slides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Animal Activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Excessive Growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Excessive Debris | <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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Sketch