



State of Oregon
Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1271
 (503) 986-0900

Dam Safety Inspection Form

Name of Dam or Reservoir: _____ Date: _____
 Permit/Certificate: _____ District: _____ NID: _____ File: _____
 Height: _____ Storage: _____ Photo Attached: _____ Hazard: Low Medium High EAP: _____
 Inspector: _____ Weather: _____ Score: _____

Prior inspection:

Next inspection:

Component	Observation and Remarks	Rating
I. Primary Dam	<input type="checkbox"/> Earthen <input type="checkbox"/> Rock Zoned <input type="checkbox"/> Concrete <input type="checkbox"/> Other	
Upstream slope		
Crest		
Downstream slope		
Right abutment		
Left abutment		
Toe		
Auxiliary dam/dike??	Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", include on separate inspection form.	

II. Reservoir	Pool level/elevation:	Point of reference:
Floating debris/trash		
Landslides/erosion		
Log boom		

III. Instrumentation	Flow Rate	Water Level	Description/Condition
Toe drains			
Weirs/flumes			
Monitoring wells			
Other			

Name of Dam or Reservoir:

Date:

IV. Primary Outlet	<input type="checkbox"/> Manual	<input type="checkbox"/> Power Assist	<input type="checkbox"/> Other
Trickle tube			
Inlet structure			
Outlet structure			
Control works/stem			
Low level conduit	Diameter:		
Valve/slucice gate	Date last fully cycled. Month:	Year:	
Trash rack			
Secondary outlet??	Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", include on separate inspection form.		

V. Emergency Spillway	<input type="checkbox"/> Earthen/Sod	<input type="checkbox"/> Rock	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other
Flashboards				
Control gate				
Approach channel				
Discharge channel				
Stilling basin				
Auxiliary spillway??	Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", include on separate inspection form.			

VI. Security			
Fencing, signage			
Vehicle access road			
On Site Dam Tender	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name:
Emergency Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not required <input type="checkbox"/>

Rating Criteria: Observed Structural or Mechanical Condition

5 – Very Good

4 – Acceptable

3 – Unsatisfactory

1 – Repair or Replace