



# Dam Safety Inspection Form

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

Name of Dam: \_\_\_\_\_  
 File #: \_\_\_\_\_  
 Height: \_\_\_\_\_ ft. Storage: \_\_\_\_\_ ac. ft. Permit: \_\_\_\_\_ NID #: OR- \_\_\_\_\_  
 Hazard:  Low  Significant  High  **Request Inundation Analysis for change**  
 Inspector(s): \_\_\_\_\_ Watermaster District: \_\_\_\_\_  
 Date: \_\_\_\_\_ Weather: \_\_\_\_\_  
 Prior Inspection Date: \_\_\_\_\_ Issues from prior inspection: \_\_\_\_\_

Expedited Re-inspection Needed:  Next Inspection Date: \_\_\_\_\_

**Rating Criteria:** 5-Very good; 4-Adequate 3-Maintenance or minor repair needed  
 2-Serious repair needed; 1- Urgent dam safety issue – action now - Contact dam owner and dam safety engineer directly

I. Dam	<input type="checkbox"/> Earth <input type="checkbox"/> Rock <input type="checkbox"/> Concrete <input type="checkbox"/> Other	Rating
Up. Slope	Vegetation, Animals, Erosion, Wave Action, Depression, Whirlpool adjacent	
Crest	Width, Surfacing, Vegetation, Trampling, Depression, Cracks, Breaching	
Down. Slope	Vegetation, Animals, Erosion, Seepage, Leak (muddy), Bulge, Depression Slide	
R. Abutment	Vegetation, Animals, Erosion, Seepage, Leak (muddy)	
L. Abutment	Vegetation, Animals, Erosion, Seepage, Leak (muddy)	
Toe	Vegetation, Erosion, Seepage, Leak (muddy), Boil	
Seepage/leak flow	Right ____ gpm    Center ____ gpm    Left ____ gpm    Other ____ gpm (use comment)	
Auxiliary dike (s)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> over 5	
Comments:		

II. Reservoir	Pool elevation:	Point of Reference:	Rating
Minimum freeboard	Vertical distance debris from debris line to crest _____ ft.		
Floating Debris/Trash	<input type="checkbox"/> Clean <input type="checkbox"/> Around reservoir <input type="checkbox"/> Near spillway		
Landslides/Erosion	<input type="checkbox"/> No activity <input type="checkbox"/> Gully <input type="checkbox"/> Inactive slide <input type="checkbox"/> Active movement <input type="checkbox"/> Stabilized		
Log Boom	<input type="checkbox"/> Not needed <input type="checkbox"/> Present <input type="checkbox"/> Needed <input type="checkbox"/> Deterioration <input type="checkbox"/> Ineffective		
Comments:			

III. Toe Drains #								
Flow (gpm)								
Damage								
Sediment								
Rating								

III.A. Other Instrumentation	<input type="checkbox"/> Piezometers	<input type="checkbox"/> Inclinator(s)	<input type="checkbox"/> Ground Motion
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Reviewed by dam safety engineer:  NA  Yes  No

IV. Conduit	Control: <input type="checkbox"/> Trickle tube <input type="checkbox"/> Manual Valve <input type="checkbox"/> Power Valve <input type="checkbox"/> other		Rating
Inlet gate	<input type="checkbox"/> Submerged		
Trash Rack	<input type="checkbox"/> Submerged		
Control/Stem	<input type="checkbox"/> Clean <input type="checkbox"/> Greased <input type="checkbox"/> Irregular		
Valve(s) cycling	<input type="checkbox"/> Frozen <input type="checkbox"/> unknown <input type="checkbox"/> past year <input type="checkbox"/> frequent		
Diameter:	Material""	Condition"	
Outlet Structure	<input type="checkbox"/> Overgrown <input type="checkbox"/> Clean <input type="checkbox"/> Pressurized <input type="checkbox"/> Leaking"aaaaaa"gpm		
Secondary outlet	<input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Diameter _____ in.		
Comments:			

V. Spillway	<input type="checkbox"/> Earth <input type="checkbox"/> Rock <input type="checkbox"/> Concrete <input type="checkbox"/> Other			Rating
<b>Modifications</b>	<input type="checkbox"/> None <input type="checkbox"/> Reduction in capacity <input type="checkbox"/> Feature not on design			
Approach Channel	<input type="checkbox"/> Clear <input type="checkbox"/> Trees/brush <input type="checkbox"/> debris <input type="checkbox"/> sill			
Flashboards/Gate	<input type="checkbox"/> None <input type="checkbox"/> In place <input type="checkbox"/> operational <input type="checkbox"/> deteriorated			
Discharge Channel	<input type="checkbox"/> Clear <input type="checkbox"/> Trees/brush <input type="checkbox"/> leakage <input type="checkbox"/> headcutting			
Stilling basin	<input type="checkbox"/> N/A <input type="checkbox"/> Functional <input type="checkbox"/> Minor Erosion <input type="checkbox"/> Severe Erosion/Undercutting			
Aux. Spillway	<input type="checkbox"/> Yes <input type="checkbox"/> No (use comments below)			
Comments:				

VI. Access and Security			Rating
Vehicle access	<input type="checkbox"/> Public road <input type="checkbox"/> all weather road <input type="checkbox"/> dirt road <input type="checkbox"/> cross country		
Fencing, signage	<input type="checkbox"/> Remote <input type="checkbox"/> Clear signage <input type="checkbox"/> Secure Fence <input type="checkbox"/> Camera <input type="checkbox"/> Unsecure		
On Site Dam Tender/Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Phone: _____		
Emergency Action Plan	<input type="checkbox"/> Not required <input type="checkbox"/> Completed _____ at dam (dated _____) <input type="checkbox"/> None		
Comments:			

Comments:

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