FLOATING RESTROOM MAINTENANCE REPORTING LOG
Report Period: July 1 - June 30 (Fiscal Year)
RECORD ALL ACTIVITY PRIOR TO JULY 1 ON PREVIOUS YEAR'S LOG

Owner:		Location:	
--- Check Toilet Type ---			Anchoring Style: *(Cable, Pile, etc)*
Flushing : ☐	Recirculating: ☐	Manual Pumpout: ☐	

Date	Restroom Cleaned Y/N	Tank Level Reading	Door or Flush Counter Number	Anchoring Inspected Y/N	Describe Maintenance Needs / Issues and Repair Actions. When holding tank is emptied, record number of gallons pumped.
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	

The time period to be captured is July 1 – June 30. Attach additional sheets as needed.
Copies of the form are available online at
http://www.oregon.gov/OSMB/forms-library/Pages/Forms-Library.aspx
After June 30, return completed log to: jennifer.peterson@state.or.us or fax to 503-378-4597
RECORD ALL ACTIVITY AFTER JUNE 30 ON NEXT YEAR'S LOG