Clear Form

FLOATING RESTROOM MAINTENANCE REPORTING LOG

Report Period: July 1 - June 30 Two Years

Owner:	Location:
--- *Check Toilet Type* ---	Moorage Type: *(Cable, Pile, etc)*
Flushing : ☐	Recirculating: ☐

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	
	Yes / No			Yes / No	
	Yes / No			Yes / No	
	Yes / No			Yes / No	

Attach additional sheets as needed. ***Copies of the form are available online at boat.oregon.gov in the library.***

Return completed log to: jennifer.peterson@boat.oregon.gov when requesting reimbursement