

Inspection Check Sheet

STORM WATER

Outfall #/Drainage Area: _____

SOURCE WATER

SWPA: WO WP WR

Date: _____

Time: _____

Inspector(s) Name: _____

Weather Conditions During Inspection: _____

Company Name: _____

Address: _____ Zip: _____

Contact Person: _____ Title: _____

E-mail: _____ Business Phone: _____ Cell: _____

Business/Property Owner: _____ Title: _____

E-mail: _____ Business Phone: _____ Cell: _____

Last Inspection: _____ Last Fire Inspection: _____ ZC/OC? Yes / No

Description of Business: _____ SIC Code: _____

Previous Issues to be Resolved? _____

INITIAL QUESTIONS

SDS's Readily Available: Yes / No Comments: _____

Emergency Contacts Posted: Yes / No Comments: _____

Spill Kits Available: Yes / No Comments: _____

Spills since last inspection: Yes / No Comments: _____

PM on Equip: Yes / No Comments: _____

Employee Training (Type and Dates): _____

Non-Hazardous Disposal Company: _____

Floor drain locations/Verify connected to sanitary: _____

SOURCE WATER PROTECTION

TMDI: _____ FHPR: _____ Risk Assessment #: _____

Date of Last RSAIR/Pounds Recorded: _____ Lbs. at last inspection: _____

Blue Gold?: Yes / No Date: _____ DRG: Yes / No Date: _____

Comments: _____

STORM WATER PROTECTION

Dry Wells? Yes / No Catch Basins: Parking Lot / Truck Dock / Street Retention/Detention System? Yes / No

Catch Basin Location & Condition / Near chemical storage or use areas: _____

Comments: _____

NPDES DISCHARGE

NPDES Permit? Yes / No Permit #: _____ Permit Period: _____

Permit Type: _____ SWP3: Yes / No Updated: _____

Employee SWP3 Training Log: Yes / No No Exposure Certification? Yes / No

Discharge to body of water: _____ Visible Discharge Description: _____

Outfalls: _____ Outfall Locations: _____

Comments: _____

HAZARDOUS WASTE GENERATION and DISPOSAL

Parts Washer(s): Yes / No Capacity: Gallons / Pounds Chlorinated Solvents Used? Yes / No

Comments: _____

Hazardous Waste Generated? Yes / No Quantity/Month: Exempt Small Generator Large Generator

Types / Amounts / Storage: _____

EPA ID#: _____ Hazardous Waste Hauler/Disposal Company: _____

STORAGE TANKS

UST's: Yes / No Tank Material: FRP / Steel / Other _____

How Many: _____ Contents: _____

BUSTR Certification Registered? Yes / No Electronic Leak Detection System? Yes / No

AST's? Yes / No How Many: _____ Contents: _____

Maintenance Log? Yes / No Storm Water Discharge Log? Yes / No Emergency Shut-Off? Yes / No

SPCC Plan? Yes / No Date/Updated: _____ Employee Training: Yes / No

Annual Fire Prevention Permit? Yes / No Expiration Date: _____

Former UST Closure Documentation: _____

Comments: _____

CONTROL MEASURES & VISUAL INSPECTION

Note Type, Condition, Repairs Needed, Failures, Maintenance Log, etc

Erosion: _____

Dust: _____

Proper Labeling: _____

Engineering Controls: _____

Drum Storage: _____

Outside Storage: _____

Chip Bin / Dumpster Area: _____

Pervious Areas: Gravel / Grass _____

Truck Docks: _____

Other: _____

NON-COMPLIANCE ISSUES

DATE TO BE RESOLVED

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Inspector(s):

Print

Sign

Date

Business:

Print

Sign

Date

