

**Appendix D – Copy of Sample Inspection Form**



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<b>Stormwater Pollution Prevention Plan (SWPPP)</b>	<b>Yes</b>	<b>No</b>	<b>Date Corrected</b>	<b>Notes</b>
Is a copy of the SWPPP available at the site?				
Are the Erosion and Sediment Control drawings up-to-date?				
Is the NPDES Individual Permit available at the site?				
Are inspection records available at the site?				
Are corrective action records available at the site?				
Are monthly compliance reports available at the site?				
Is there evidence of vehicle tracking from the site?				

**Condition and Effectiveness of Erosion and Sediment (E&S) Controls**

Type/Location of E&S Control [Add an additional sheet if necessary]	Installed, Operational, and Working as Intended?	Repairs or Other Maintenance Needed?*	Corrective Action Required?*	Photo? <input checked="" type="checkbox"/>	Date on Which Maintenance or Corrective Action First Identified?	Notes
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		

Identify any locations where new or modified storm water controls are necessary:

**Condition and Effectiveness of Pollution Prevention (P2) Practices**

Type/Location of P2 Practices [Add an additional sheet if necessary]	Installed, Operational, and Working as Intended?	Repairs or Other Maintenance Needed?*	Corrective Action Required?*	Photo? <input checked="" type="checkbox"/>	Date on Which Maintenance or Corrective Action First Identified?	Notes
1. Spill Prevention and Response	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
2. Fueling of Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
3. Maintenance of Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
4. Washing of Equipment and Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
5. Material Delivery and Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
6. Material Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
7. Hazardous or Toxic Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
8. Construction and Domestic Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
9. Sanitary Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
10. Washing of Applicators, and Containers used for Paint, Concrete or Other Materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		

Note any conditions that could lead to spills, leaks, or other accumulations of pollutants on the site, note any locations (not noted above) where new or modified P2 controls are necessary to meet the requirements of the SWPPP (Include date on which it was first identified and the date it was corrected):



Photo?  ID#

Describe maintenance actions taken:

**Contractor or Subcontractor Certification and Signature**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations."

**Signature of Contractor or Subcontractor:** \_\_\_\_\_ **Date:**

**Printed Name and Affiliation:** \_\_\_\_\_

**Certification and Signature by Government's Duly Authorized Representative**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations."

**Signature of "Government's Duly Authorized Representative":** \_\_\_\_\_ **Date:**

**Printed Name and Affiliation:** \_\_\_\_\_