Stormwater Pollution Prevention Weekly Inspection Checklist



Facility Nam	<u>.</u>
Address:	
Month:	

	Week 1	Week 2	Week 3	Week 4	Week 5
Weather – Clear, Cloudy, Windy, or Raining? (Circle)					
Name					
Signature					
Title					
Control Measures (Y=Compliant, N = Non-Compliant, NA = Not App	plicable)				
Areas Clean & Orderly?	Y / N / NA	Y/N/NA	Y/N/NA	Y / N / NA	Y/N/NA
Area Free of Spills and/or Staining?	Y / N / NA	Y/N/NA	Y / N / NA	Y/N/NA	Y / N / NA
Used Absorbent Disposed of Properly?	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Spill Kits – Adequately Filled & Clean?	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Chemicals – Label Properly?	Y/N/NA	Y/N/NA	Y / N / NA	Y/N/NA	Y / N / NA
Chemicals – Stored on Secondary Containment?	Y/N/NA	Y/N/NA	Y / N / NA	Y/N/NA	Y / N / NA
Secondary Containment – Good Condition?	Y/N/NA	Y/N/NA	Y / N / NA	Y/N/NA	Y/N/NA
Secondary Containment – Clean, Empty & Dry?	Y/N/NA	Y/N/NA	Y / N / NA	Y/N/NA	Y / N / NA
Trash Cans & Dumpsters - Closed & Not Overloaded?	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Trash/FOD – Picked Up?	Y/N/NA	Y/N/NA	Y/N/NA	Y / N / NA	Y / N / NA
AVE – Not Leaking?	Y/N/NA	Y/N/NA	Y/N/NA	Y / N / NA	Y/N/NA
AVE – Stored Away from Storm Drains?	Y/N/NA	Y / N / NA	Y/N/NA	Y / N / NA	Y / N / NA
Lavatory – Caps on Discharge Connections?	Y/N/NA	Y / N / NA	Y/N/NA	Y / N / NA	Y/N/NA
AVE Washing – Designated Area Utilized?	Y / N / NA	Y/N/NA	Y/N/NA	Y / N / NA	Y/N/NA
Floor Washing – Mop Water Disposed of Properly (ex. mop sink)?	Y / N / NA	Y/N/NA	Y/N/NA	Y/N/NA	Y / N / NA
Regulated Waste - Stored and Disposed of Properly?	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Records - SWPPP Notebook up to date, i.e. Training, NOI/NEC	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
CM Changes Required?	Y/N/NA	Y / N / NA	Y/N/NA	Y / N / NA	Y / N / NA

Comments/Deviations/Follow-Up:

If "No" circled above, provide comment.