



Site Name:		Inspection Date:		PCS Number:	
Site Address:		City, State, Zip:			
Facility Contact Information					
	<u>NAMES</u>		<u>PHONE #'S</u>	<u>E-MAIL</u>	
CONTACT:					
CONTACT:					
BUSINESS TYPE:	INSTITUTION <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	INDUSTRIAL <input type="checkbox"/>	HOA <input type="checkbox"/>	OTHER <input type="checkbox"/>
Other:					
Items Inspected	Checked	Maintenance Required	Observations and Remarks		
	Yes	No	Yes	No	
1. Site Plans - Accuracy					
2. Owner/Operator Awareness <small>Appropriate party aware of requirements?</small>					
3. Documentation <small>Is documentation up to date?</small>					
4. Dumping Evidence					
5. Spill Evidence					
6. General Site Exposure					
7. Other Pollution Sources					
8. General Maintenance Status					
Inlets					
Conveyance Systems					
Manholes					
Structural Devices					
Stormwater Storage <small>LIDs & Other BMPs</small>					
Parking/Pavements					
Waste Collection					
Landscaping					
9. Other Site SOP Items					
Notes:					
Inspector:	Site Contact:				
Signature	Title		Signature	Date	