

# Stormwater Pollution Prevention Weekly Inspection Checklist



Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Month: \_\_\_\_\_

	Week 1	Week 2	Week 3	Week 4	Week 5
The last rain event occurred within:	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days
Weather – Clear, Cloudy, or Raining?					
Name					
Signature					
<b>Control Measures</b>					
Areas Clean & Orderly?	Y/N	Y/N	Y/N	Y/N	Y/N
Area Free of Spills and/or Staining?	Y/N	Y/N	Y/N	Y/N	Y/N
Used Absorbent Picked Up?	Y/N	Y/N	Y/N	Y/N	Y/N
Spill Kits – Adequately Filled & Clean?	Y/N	Y/N	Y/N	Y/N	Y/N
Chemicals – Properly Labelled?	Y/N	Y/N	Y/N	Y/N	Y/N
Chemicals – Stored on Secondary Containment?	Y/N	Y/N	Y/N	Y/N	Y/N
Secondary Containment – Good Condition?	Y/N	Y/N	Y/N	Y/N	Y/N
Secondary Containment – Clean, Empty & Dry?	Y/N	Y/N	Y/N	Y/N	Y/N
Trash Cans & Dumpsters - Closed & Not Overloaded?	Y/N	Y/N	Y/N	Y/N	Y/N
Trash/FOD – Picked Up?	Y/N	Y/N	Y/N	Y/N	Y/N
AVE – Not Leaking?	Y/N	Y/N	Y/N	Y/N	Y/N
AVE – Stored Away from Storm Drains?	Y/N	Y/N	Y/N	Y/N	Y/N
Lavatory – Caps on Discharge Connections?	Y/N	Y/N	Y/N	Y/N	Y/N
Washing – Designated Area Utilized?	Y/N	Y/N	Y/N	Y/N	Y/N
Washing – Mop Water Disposed of Properly (ex. mop sink)?	Y/N	Y/N	Y/N	Y/N	Y/N
<b>Comments/Follow-Up:</b>					
If "No" circled above, provide comment.					