



Construction Site Inspection Form

Project Name: _____ Permit No.: _____

Address or Latitude/Longitude: _____

Date of Inspection: _____ Start/End Time: _____

Inspected by: _____ Title: _____

City Department/Division: _____

Describe Present Phase of Construction: _____

Type of Inspection:

- Beginning of Construction Pre-storm event During rain event
 Post-rain event Conclusion of Project Response to violation or complaint

Weather Information

Has it rained since the last inspection? Yes No

If yes, provide:

Storm Start Date & Time: _____ Storm Duration (hrs): _____ Approximate Rainfall (in): _____

Weather at time of this inspection:

- Clear Cloudy Raining Sleet Fog Snowing High Winds
 Other: _____ Temperature: _____

Do you suspect that discharges may have occurred since the last inspection?

Yes No

Are there any storm water discharges at the time of inspection? Yes No

If yes, provide location(s) and a description of stormwater discharged from the site (presence of suspended sediment, turbid water, discoloration, and/or oil sheen):

Prohibited Discharges

Are there any prohibited discharges at the time of inspection? Yes No

If yes, provide location(s) and a description:

Photos? Yes No

If yes, please attach and/or provide filepath:



	BMP/Activity	Implemented	Maintained	Corrective Action & Notes
Erosion Prevention and Sediment Control				
1	Are storm water volume and velocity controls being used to minimize soil erosion within the site? (e.g., check dams and fiber rolls)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2	Are storm water volume and velocity controls being used to minimize soil erosion at discharge locations? (e.g., stilling basins and fiber rolls)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3	Are efforts being made to minimize the amount of soil exposed throughout the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4	Are efforts being made to minimize the disturbance of steep slopes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5	Are perimeter controls and sediment barriers (e.g., silt fence) adequately installed (keyed into substrate) and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6	Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7	Are discharge points and receiving waters free of sediment deposits? If no, provide locations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8	Is there evidence of sediment being tracked into the street?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Are natural resource areas (e.g., streams, wetlands, and mature trees) protected by natural buffers, barriers, or similar BMPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10	Are efforts being made to minimize soil compaction and preserve topsoil?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



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Soil Stabilization				
11	Are all slopes and disturbed areas not actively being worked properly stabilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Dewatering				
12	Are discharges from dewatering activities being managed by appropriate controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pollution Prevention Measures				
13	Are non-storm water discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14	Are materials that are potential storm water contaminants stored inside or under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17	Are vehicle and equipment fueling, cleaning, material storage, and maintenance areas free of spills, leaks, or other harmful materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Surface Outlets and Miscellaneous				
18	When discharging from basins and impoundments, are outlet structures that withdraw water from the surface being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
19	Are there locations where additional BMPs appear to be necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Describe any incidents of non-compliance not described above:				

Inspector's Signature

Date