



Storm Water Pollution Prevention Plan (SWPPP) Construction Site Self-Inspection Report

General Information			PERMIT No.		
Project Name					
Inspector's Name & Title				Inspector's Phone No.	
Describe the present phase of construction					
Inspection Date		Day of Week		Time Start/Stop	
Type of Inspection: <input type="radio"/> Weekly <input type="radio"/> Pre-storm event <input type="radio"/> During storm event <input type="radio"/> Post-storm event (By the end of the next business day)					
Weather at time of this inspection? <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Rain <input type="radio"/> Sleet <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> High Winds <input type="radio"/> Other: Temperature:					
Has there been a storm event since the last inspection? <input type="radio"/> Yes <input type="radio"/> No If yes, provide information below: Storm Date: Time: Length of Storm (hrs): Approx. Amount of Precipitation (in):					
Are there any discharges at the time of this inspection? <input type="radio"/> Yes <input type="radio"/> No If yes, describe:					
Have any discharges occurred since the last inspection? <input type="radio"/> Yes <input type="radio"/> No If yes, describe:					

Instructions: *Inspect all project areas for erosion, sediment and other stormwater pollution prevention BMPs. BMPs shall be adjusted from the plan based on current site conditions. The list below may not be complete; use additional rows as needed. Indicate if it's 'not applicable' in the notes section. Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log. Customize as needed.*

	BMP/Activity	Installed Correctly?	Maintenance Required?	Corrective Action Needed and Notes
1	Silt Fence / Perimeter Protection (staked into ground, upright, no holes, etc)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
2	Inlet Protection (overflow, maintainable, does not impede traffic)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
3	Construction Entrance (No Tracking on Road)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
4	No Sediment offsite (streams, wetlands, private property, etc)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
5	Concrete Washout Containment (not on ground, sewers, etc.)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
6	Staging Area Controls (fueling, stockpiles, etc)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
7	Stabilization (temp and/or permanent erosion control on disturbed areas)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
8	Trash and Debris contained on entire site	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
9	Areas eligible for monthly monitoring remain stable	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	



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	BMP/Activity	Installed Correctly?	Maintenance Required?	Discharges Observed, Corrective Action Needed, Time Frame for Corrective Actions, Notes
10		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
11		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
12		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
13		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
14		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
15		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
16		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Describe any incidents of compliance activities required not described above such as corrective actions since last report (use another page if necessary):

CERTIFICATION STATEMENT

This document and all attachments were prepared by me or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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.

Print name and title: _____ Signature: _____ Date: _____