

Holox Annual Site Inspection Log Sheet

Name: _____

Inspection Date: _____

Title: _____

Company: _____

	YES	NO
1. Is the Current Site Use Exclusively Industrial?		
If NO, describe any non-industrial uses observed and mark location(s) on the attached site figure - provide photographs if possible.		
2. Fencing Intact and Secure?		
If NO, describe fence deficiencies and mark location(s) on the attached site figure - provide photographs if possible.		
Corrective Actions Performed/Date:		
3. Access Control System Operating Properly?		
If NO, describe the problem with the access control system.		
Corrective Actions Performed/Date:		
4. Are Drainage Rills Covered with Rip Rap?		
If NO, describe the deficiencies and mark location(s) on the attached site figure - provide photographs if possible.		
Corrective Actions Performed/Date:		
5. Are There Bare Areas Without Vegetation Present (excluding former plant area and parking lots)?		
If YES, mark location(s) on the attached site figure - provide photographs if possible.		
Corrective Actions Performed/Date:		

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	YES	NO
6. Is the Retention Pond Area and Perimeter Clear of Trees?		
If NO, mark locations(s) on the attached site figure - provide photographs if possible.		
Corrective Actions Performed/Date:		
7. Is the Retention Pond Overflow Standpipe Intact?		
If NO, describe the standpipe condition - provide photographs if possible.		
Corrective Actions Performed/Date:		
8. Is the Rock Filter Dam in Good Operating Condition?		
If NO, indicate issues that may be inhibiting proper function, or damage (i.e areas of sediment accumulation, or washout) and their locations - provide photographs if possible.		
If issues are such that proper function is inhibited, note corrective actions performed/date:		
9. Are there Visible Cracks Present along the Concrete Flume?		
If YES, indicate the location on the attached figure. If other deterioration present, indicate nature and location on the attached figure.		
If issues are such that proper function is inhibited, note corrective actions performed/date:		
10. Has Geotextile Fabric become Exposed or Visibly Damaged?		
If YES, indicate location on the attached figure.		
If issues are such that proper function is inhibited, note corrective actions performed/date:		