

# Daily Inspection Report

Inspection performed by certified personnel each day construction activity occurs on-site

Project Information	
Date:	Project Name:
Project Location:	
Inspection Observations	
Rainfall within past 24 hours (inches):	Is rainfall greater than 0.5"? Inspection Required <input type="checkbox"/>
Inspection Observations	
<b>Petroleum Product Storage Areas:</b> Are all of the temporary and permanent controls contained in Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the location(s) of deficiencies and corrective actions that must be taken.	
<b>Vehicle Entrances and Exits:</b> Is there tracking of sediment from locations where vehicles enter and leave the project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the location(s) and the corrective actions that must be taken.	
Other Observations	
Is an Erosion, Sedimentation and Pollution Control Plan revision required? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of revision:	
Corrective Actions and Date:	

\_\_\_\_\_  
Signature of Certified Personnel

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Printed Name of Certified Personnel



# Site Inspection Report

## Erosion and Sedimentation Inspection Report

Maintain Reports on-site

<b>Site:</b>	<b>Date:</b>	<b>Time:</b>
<b>Inspector:</b>	<b>Accompanied By:</b>	
<b>Stage of Construction:</b>		
<b>Site:</b>		
<b>Observation:</b>		
<b>Recommendations:</b>		
<b>Contractors's Corrective Action (and Date):</b>		
<b>Site:</b>		
<b>Observation:</b>		
<b>Recommendations:</b>		
<b>Contractors's Corrective Action (and Date):</b> _____		



# Weekly Inspection Report

Inspection performed by certified personnel at least once every seven calendar days and within 24 hours of the end of a storm that is 0.5 inches or greater

Project Information	
Date:	Project Name:
Project Location:	
Name of Inspector:	
Inspection Event	
Regular weekly inspection: <input type="checkbox"/>	Inspection within 24 hours of 0.5" storm event <input type="checkbox"/>
Inspection Observations	
<b>Disturbed areas that have not undergone final stabilization:</b> Are all of the temporary and permanent controls contained in Plan in place and properly maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the location(s) of deficiencies and corrective actions that must be taken.	
Corrective Action Taken and Date:	
<b>Material storage areas exposed to precipitation:</b> Are all of the temporary and permanent controls contained in Plan in place and properly maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the location(s) of deficiencies and corrective actions that must be taken.	
Corrective Action Taken and Date:	
<b>Discharge locations or points.</b> Are erosion control measures preventing impacts to receiving waters? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe observations:	



# Monthly Inspection Report

Inspection performed by certified personnel at least once per month

Project Information	
Date:	Project Name:
Project Location:	
Inspection Observations	
Rainfall within past 24 hours (inches):	Is rainfall greater than 0.5"? Inspection Required <input type="checkbox"/>
Inspection Observations	
Areas that have undergone final stabilization: Are all permanent stabilization controls contained in Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the location(s) of deficiencies and corrective actions that must be taken.	
Other observations: Are pollutants entering the drainage system or receiving waters? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the location(s) and the corrective actions that must be taken.  Are all erosion and sediment control measures operating properly? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the location(s) and the corrective actions that must be taken.	
Other Observations	
Is an Erosion, Sedimentation and Pollution Control Plan revision required? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of revision:	
Corrective Actions and Date:	

\_\_\_\_\_  
Signature of Certified Personnel

\_\_\_\_\_  
Printed Name of Certified Personnel



