

Inspection Record

Municipality: _____

Record: _____

Permit #: _____

Inspection Date: _____

Inspector: _____

General Information		
Weather Condition(s) <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy	Precipitation <input type="checkbox"/> Misty <input type="checkbox"/> Light Rain <input type="checkbox"/> Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Other: _____	Inspection Type <input type="checkbox"/> Regular <input type="checkbox"/> Pre-Rain Event <input type="checkbox"/> During a Rain Event <input type="checkbox"/> Post Rain Event <input type="checkbox"/> Other: _____
Wind Condition <input type="checkbox"/> None <input type="checkbox"/> 1 to 10 mph <input type="checkbox"/> Greater than 10 mph	<input type="checkbox"/> Other: _____	Other of Note

Inspection of BMPs					
BMP	Facility or Activity	Properly Functioning	Maintenance or Repairs	Photos	Follow-Up Required
	<input type="checkbox"/> Facility <input type="checkbox"/> Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments & Notes:					Spill, Leak, or Discharge observed <input type="checkbox"/> Yes <input type="checkbox"/> No
BMP	Facility or Activity	Properly Functioning	Maintenance or Repairs	Photos	Follow-Up Required
	<input type="checkbox"/> Facility <input type="checkbox"/> Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments & Notes:					Spill, Leak, or Discharge observed <input type="checkbox"/> Yes <input type="checkbox"/> No
BMP	Facility or Activity	Properly Functioning	Maintenance or Repairs	Photos	Follow-Up Required
	<input type="checkbox"/> Facility <input type="checkbox"/> Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments & Notes:					Spill, Leak, or Discharge observed <input type="checkbox"/> Yes <input type="checkbox"/> No

BMP	Facility or Activity	Properly Functioning	Maintenance or Repairs	Photos	Follow-Up Required
	<input type="checkbox"/> Facility <input type="checkbox"/> Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments & Notes:					Spill, Leak, or Discharge observed
					<input type="checkbox"/> Yes <input type="checkbox"/> No
BMP	Facility or Activity	Properly Functioning	Maintenance or Repairs	Photos	Follow-Up Required
	<input type="checkbox"/> Facility <input type="checkbox"/> Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments & Notes:					Spill, Leak, or Discharge observed
					<input type="checkbox"/> Yes <input type="checkbox"/> No
BMP	Facility or Activity	Properly Functioning	Maintenance or Repairs	Photos	Follow-Up Required
	<input type="checkbox"/> Facility <input type="checkbox"/> Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments & Notes:					Spill, Leak, or Discharge observed
					<input type="checkbox"/> Yes <input type="checkbox"/> No
BMP	Facility or Activity	Properly Functioning	Maintenance or Repairs	Photos	Follow-Up Required
	<input type="checkbox"/> Facility <input type="checkbox"/> Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments & Notes:					Spill, Leak, or Discharge observed
					<input type="checkbox"/> Yes <input type="checkbox"/> No
BMP	Facility or Activity	Properly Functioning	Maintenance or Repairs	Photos	Follow-Up Required
	<input type="checkbox"/> Facility <input type="checkbox"/> Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments & Notes:					Spill, Leak, or Discharge observed
					<input type="checkbox"/> Yes <input type="checkbox"/> No

BMP	Facility or Activity	Properly Functioning	Maintenance or Repairs	Photos	Follow-Up Required
	<input type="checkbox"/> Facility <input type="checkbox"/> Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments & Notes:					Spill, Leak, or Discharge observed
					<input type="checkbox"/> Yes <input type="checkbox"/> No
BMP	Facility or Activity	Properly Functioning	Maintenance or Repairs	Photos	Follow-Up Required
	<input type="checkbox"/> Facility <input type="checkbox"/> Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments & Notes:					Spill, Leak, or Discharge observed
					<input type="checkbox"/> Yes <input type="checkbox"/> No

General Comments	
Does the MS4 PPGHP reflect activities & operations <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the MS4 PPGHP Need Revised <input type="checkbox"/> Yes <input type="checkbox"/> No
Clarification	
Concerns (including locations and potential action)	
Other Comments/Notes	

Planned Follow-up Action:
<input type="checkbox"/> Follow-up Inspection <input type="checkbox"/> Training <input type="checkbox"/> Activity: _____

Signature of Inspector

Date

Printed Name of Inspector

Signature of Authorized Municipal Representative

Date

Printed Name of Authorized Municipal Representative