

Inspection Form for Structural Controls Catchbasin/Inlet

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|---|----------------------|----------------------|----------------------|
| ID: | <input type="text"/> | Date: | <input type="text"/> |
| Location: | <input type="text"/> | | |
| Receiving Body: | <input type="text"/> | | |
| Description: | <input type="text"/> | | |
| Weather: | <input type="text"/> | | |
| Corrosion: | <input type="text"/> | | |
| Erosion: | <input type="text"/> | | |
| Vegetation: | <input type="text"/> | | |
| Debris: | <input type="text"/> | | |
| Sediments: | <input type="text"/> | | |
| Litter: | <input type="text"/> | | |
| Oil/Grease: | <input type="text"/> | | |
| Other: | <input type="text"/> | | |
| Condition: | <input type="text"/> | | |
| Comments: | <input type="text"/> | | |
| Recommendations: | <input type="text"/> | | |
| Inspected By: | <input type="text"/> | <input type="text"/> | |
| Department: | <input type="text"/> | | |
| Vicinity inspected for indication of illicit discharges: <input type="text"/> | | | |