

PERMITTEE NAME
HIGH RISK FACILITY INSPECTION CHECKLIST

Date: _____ Time: _____

Site Name and Location: _____

Owner Name and Address: _____

Description of Activities: _____

Receiving Water Body: _____

General Site

Comments:

<input type="checkbox"/>	Emergency Response Plan on site	
<input type="checkbox"/>	Material Safety Data Sheets maintained in a location for emergency response	
<input type="checkbox"/>	Employees trained in emergency procedures	
<input type="checkbox"/>	Employees trained on proper disposal of all materials used on site	
<input type="checkbox"/>	Leak detection system in place for underground storage tanks	
<input type="checkbox"/>	Stock piles maintained properly to prevent runoff	
<input type="checkbox"/>	Ground free of visual stains from any type of leakage	
<input type="checkbox"/>	Sumps clean and used properly	
<input type="checkbox"/>	Hazardous materials stored properly	
<input type="checkbox"/>	Proper storage & disposal of all other materials (i.e. rags, filters, batteries, etc.)	
<input type="checkbox"/>	Labeling and tracking the recycling of hazardous waste materials	
<input type="checkbox"/>		
<input type="checkbox"/>		

Improper connections to storm sewer

<input type="checkbox"/>	Floor drains connected to collection system (not to storm sewer)	
<input type="checkbox"/>	Proper use of spill overflow protection	
<input type="checkbox"/>	Liquid waste disposed of properly (not poured into storm or sewer system)	
<input type="checkbox"/>	Wash waters contained and recycled	
<input type="checkbox"/>		
<input type="checkbox"/>		

Liquid storage above ground

<input type="checkbox"/>	No leaks evident from pipes, pumps, valves, hoses, flanges, etc.	
<input type="checkbox"/>	Ground free of visual stains from leakage	
<input type="checkbox"/>	Storage containers maintained in good condition	
<input type="checkbox"/>	System inspected regularly	
<input type="checkbox"/>	Employees trained on proper filling and transfer procedures	
<input type="checkbox"/>	Proper containment and spill prevention equipment	
<input type="checkbox"/>		

Inspected for indication of illicit discharges