

**Quarterly Site Compliance Evaluation/Inspection**

**Name of Qualified Inspector(s)**  
**Completing Evaluation/Inspection:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Weather Conditions:** \_\_\_\_\_ **Precipitation in the previous 48 hours? Yes**  **No**

Are industrial materials, residue, or trash on the ground? **Yes**  **No**

If yes, state corrective action \_\_\_\_\_

Date corrective action was completed \_\_\_\_\_

Are there any leaks or spills from industrial equipment, drums, barrels, tanks or containers onsite? **Yes**  **No**

If yes, state corrective action \_\_\_\_\_

Date corrective action was completed \_\_\_\_\_

Is there offsite tracking of industrial materials or sediment where vehicles enter or exit the site? **Yes**  **No**

If yes, state corrective action \_\_\_\_\_

Date corrective action was completed \_\_\_\_\_

Is there blowing or whirling of raw, final, or waste materials? **Yes**  **No**

If yes, state corrective action \_\_\_\_\_

Date corrective action was completed \_\_\_\_\_

Are all stormwater BMPs identified in the SWPPP operating correctly? **Yes**  **No**

If no, state corrective action \_\_\_\_\_

Date corrective action was completed \_\_\_\_\_

Are additional BMPs required for potential pollutants or an industrial activity  
If yes document & update SWPPP **Yes**  **No**

If yes, state corrective action \_\_\_\_\_

Date corrective action was completed \_\_\_\_\_

Are there signs of erosion in stormwater conveyances or at outfalls? **Yes**  **No**

If yes, state corrective action \_\_\_\_\_

Date corrective action was completed \_\_\_\_\_

Any dry weather flows present at time of inspection? **Yes**  **No**

If yes, please describe \_\_\_\_\_

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Is there any evidence of pollutants in discharges and/or receiving waters? **Yes**  **No**

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Evidence of industrial material, residue, trash or sediment in stormwater conveyance? **Yes**  **No**

If yes, state corrective action \_\_\_\_\_  
\_\_\_\_\_

Date corrective action was completed \_\_\_\_\_  
\_\_\_\_\_

Has industrial activity been added or the site expanded? **Yes**  **No**

If yes, document in SWPPP & on site map

If yes, state corrective action or additional BMPs required \_\_\_\_\_  
\_\_\_\_\_

Date corrective action or BMPs implemented \_\_\_\_\_  
\_\_\_\_\_

Have the locations of any of the potential pollutants or material storage changed? **Yes**  **No**

If yes, state corrective action or additional BMPs required \_\_\_\_\_  
\_\_\_\_\_

If yes, document in the SWPPP & on site map \_\_\_\_\_  
\_\_\_\_\_

Any discharges occurring at the time of inspection? **Yes**  **No**

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Any new discharges identified at the time of inspection? **Yes**  **No**

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Are any modifications required to be made to the SWPPP or Site Map(s)  No modification required  
 SWPPP requires modification  
 Map(s) require modification

All required changes have been made to the Plan Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
All required changes have been made to the Site Map(s) Date: \_\_\_\_\_ Initials: \_\_\_\_\_

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowingly violating the law.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_