

Annual Site Inspection Form
County Operations Pollution Prevention/Good Housekeeping Program
Trumbull County SWMP

To be completed once each year by March 1 for the Annual Report submittal. Promptly forward a copy of this form to **Trumbull County Regional Stormwater District** when completed. The original should be kept onsite.

Inspector's Name and Title: _____

Date and Time of Inspection: _____

I. STORM WATER MONITORING PROGRAM COMPLIANCE

1. Have 4 non-storm water inspections been performed and documented? Yes/No

If no, indicate reason: _____

2. Have 4 storm water inspections been performed and commented? Yes/No

Give dates: _____

If no, indicate reason: _____

4. Have there been any corrective actions recommended as a result of site inspections? Yes/No

If yes, have the actions been included in updates to the SWPPP/SWMP? Yes/No

If corrective action updates have not been made, indicate reason: _____

II. REVIEW SITE STORM WATER POLLUTION CONTROL PROGRAM (PPGHP)

1. Are there any changes to the site operations/activities? Yes/No

2. Are there any changes to storm water BMPs? Yes/No

3. Are there any changes to potential pollutant sources or activities? Yes/No

4. Are there any changes to storm water program personnel? Yes/No

5. Has employee training been conducted and documented? Yes/No

If no, indicate reason: _____

III. SITE INSPECTION

1. Are preventive maintenance activities being implemented and documented? Yes/No

(catch basins cleaned, parking areas cleaned, etc.?)

If no, indicate reason: _____

2. Are housekeeping activities being implemented (covered trash bins, wipe up drips and spills, place drip pans under leaking vehicles, clean oily parts before storing outside, etc.)? Yes/No

If no, indicate reason: _____

3. Are any special storm water BMPs being implemented (sediment erosion, curbs, spill prevention, etc.)? Yes/No
 If no, indicate reason: _____

4. Have spill prevention and response procedures been implemented, and is spill prevention equipment operational and ready (secondary containment, personnel training, inspection of chemical storage areas, etc.)? Yes/No
 If no, indicate reason: _____

5. Have sediment erosion controls been implemented? Yes/No
 If no, indicate reason: _____

6. Are there any additional storm water controls recommended as a result of the site inspection? Yes/No
 If yes, describe here: _____

IV. UPDATE STORM WATER POLLUTION CONTROL PROGRAM (PPGHP)

1. Have all updates been made to the PPGHP? Yes/No
 If no, indicate reason: _____

V. EVALUATION OF EXISTING BEST MANAGEMENT PRACTICES (BMPs)

Inspect the facility using this list of existing BMPs:

BMP Description	Existing BMP (E)	New BMP	Status (FI, PI NI, NA)	Implementation Schedule
Keep vehicle maintenance areas clean				
Regular pavement sweeping				
Control spills				
Practice proper waste disposal				
Eliminate non-storm water discharges				
Properly store materials to minimize exposure				
Store wastes and recycling materials in proper place				
Cover road salt storage area				
Routinely clean catch basins				
Keep equipment and vehicles clean				
Use drip pans under parked, stored vehicles				

Implement construction BMPs as necessary				
Wash equipment and vehicles in designated areas				
Provide spill protection at the fuel islands				
Cover trash bins				

E = Existing BMP
 FI = Fully Implemented
 PI = Partially Implemented
 NI = Not Implemented
 NA = Not Applicable

From the table above, answer the following questions:

1. Do the existing BMPs appear to be effective in reducing the potential for storm water pollution? Yes/No
 If no, indicate reason: _____

2. Are additional BMPs needed to address sources of pollutants at the site (i.e., more frequent inspections of certain areas of operations, changes in operations, etc.)? Yes/No
 If yes, describe the BMPs needed to address sources of pollutants and a time schedule for implementation: _____

General Comments:

Name: _____

Signature: _____ Date: _____

Title: _____