



MONTGOMERY COUNTY, MARYLAND - DEPARTMENT OF
ENVIRONMENTAL PROTECTION



OIL-GRIT SEPARATOR MAINTENANCE INSPECTION FORM

DEP/SRM/Sequence No _____	Date: _____	Time: _____
Subdivision Name: _____	Weather: _____	
Watershed _____	Inspector(s): _____	
WSSC Grid _____	Streets _____	
Mapbook Location _____	GPS Coordinates _____	

Property Classification: Residential Government: (County) (MNCP&PC) (MCPS) Commercial

Do Site Plans or As-Built Drawings Exist? Yes No

Type of Oil/Grit: Standard Sand Bed Other (Describe) _____

Was Facility Pumped Clean? Yes No Date _____ Vendor Name: _____

Is Facility Inspectable? Yes No Why? _____

Confined Space Entry Permit Required For Entry Into All Structures:

Entry Approved (Attach Entry Permit) Entry Denied Personal Protective Equipment Provided? Yes No

Total Number of Separators Existing on Property _____ This Inspection Report is for Facility _____ of _____ facilities.

Do other stormwater management facilities exist on the site? Yes No

Underground Storage Special Structures Pond(s)- All Type Infiltration Strs.

Oil/Grit Separators

Comments/Specific Locations

1. Accessibility

Vehicular Access from Public Right of Way Acceptable?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Ingress/Egress Available to Structure?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Manholes, Frames and Covers Acceptable?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Vented? (If Required by Plan)	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Steps and/or Ladders in Place and Secure?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Top Slab Cracks or Spalling?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Remove Lift Lugs and/or Parging Needed?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Erosion around Structure?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Structure Obstructed by objects?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
If Throat w/ Trash Rack, is Opening > 4"?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Other?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>

2. Condition of Structure.

Is Unit Cast in Place or Precast?

3. Grit Chamber "A"

Manhole spacing rings okay?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Throat Opening Support Block at Least 6" ?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Accumulation of Sediment, Trash or Debris?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Cracks and/or Displacements?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Minor Spalling? (1" or less)	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Major Spalling? (Exposed Re-bar)	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Joint Failure?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Loss of Joint Material?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Watertight?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Lug Lifts to be Removed?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Gutterpan Spalling Present?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Other?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Trash Rack(s);	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
In Place?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Corrosion?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Obstructed?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>

4. Oil Chamber "B"

Cracks and/or Other Displacements?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Minor Spalling? (1" or Less)	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Major Spalling? (Exposed Re-bar)	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Joint Failure?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Loss of Joint Material?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Watertight?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Lug lifts to be Removed?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Gutterpan Spalling Present?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Accumulation of Sediment, Trash or other Debris	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Other?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>

5. Elbows;

In Place?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Corrosion?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Orifices to Oil Chamber Obstructed?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Permanent Pool at Proper Elevation?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Other?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Slab: Depth from Invert to Slab (inches)	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>

6. Sand Filter (if applicable):

Is a Sand Filter Bed Present?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Was the Sand Media Properly Cleaned?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Is Condition of Filter Media Acceptable?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Condition of PVC Drainage Pipes?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Observation Wells Acceptable?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
If Permanent Pool, Proper Elevation?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Other?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>

7. Outfall Chamber "C"

Concrete/Masonry Condition	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Cracks and/or Displacements	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Minor Spalling? (1" or Less)	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Major Spalling? (Exposed Re-bar)	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Joint Failures?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Loss of Joint Material?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>

Watertight?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Lug lifts to be Removed?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Are Exit Pipe(s) Adequately Parged?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Accumulation of Sediment, Trash or Debris?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Other?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>

8. Outfalls from Oil-Grit Chamber:

Endwalls, Headwalls, and End Sections Acceptable?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Outfall Pipes Acceptable?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Discharge Water Undercutting Outlet?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Discharge Water Displacing Rip-Rap?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Discharge Water Causing Outfall to Erode?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Excessive Sediment Deposits?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Other?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>

9. Flow Splitter Chamber (if applicable)

Manhole Spacing rings / brick	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Metal grate installed?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Accumulation of Sediment, Trash or Debris?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Condition of inflow and outflow pipes	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Concrete Condition: Cracks and/or Displacements?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Minor Spalling? (1" or less)	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Major Spalling? (Exposed Re-bar)	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Joint Failure?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Loss of Joint Material?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Watertight?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Lug Lifts to be Removed?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Other?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>

10. Miscellaneous

Encroachment into Facility or Outfall Area?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Complaints from Local Residents?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Graffiti Removal Required?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Public Hazards?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Vehicular Access From Public Right of way Acceptable?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>
Other?	Na <input type="checkbox"/>	Ni <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IR <input type="checkbox"/>	Rep <input type="checkbox"/>	Mon <input type="checkbox"/>	Inv <input type="checkbox"/>

Inspector's Summary:

Pictures

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

Description on how to get to Facility

Sketches If Necessary: