



CONSTRUCTION INSPECTION CHECKLIST



Project Name: _____	
Date: _____	Start / End Time: _____
Project No.: _____	NPDES Permit # (if any): _____
Name of Inspector's Firm: _____	
Name of Inspector: _____	Phone Number: _____
On-site Representative: _____	Phone Number: _____
Weather Conditions: _____	
Type of Inspection (check one): <input type="checkbox"/> Initial <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Final <input type="checkbox"/> Follow-up <input type="checkbox"/> Other: _____	

Inspection Items	Yes	No	N/A	Comments
1. Are previously noted deficiencies corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there approval to connect to the MS4 and/or make changes to the storm drain system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are the applicable regulatory permits and updated SWPPP available on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are personnel at the site aware of applicable BMPs and the location of the BMP Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are contractor self-inspections performed as required in HAR 11-55, App C or at least every 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are spill kits available on-site and spills promptly removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are all slopes and disturbed areas not actively being worked properly stabilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are discharge points and receiving waters free of any sediment deposits or other signs of illicit discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are storm drain inlets and waterways properly protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the construction exit preventing sediment from being tracked into the street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are proper washout facilities (i.e. paint, concrete) available, clearly marked, and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are materials that are potential storm water contaminants stored inside or under cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or other deleterious material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Are non-storm water discharges (i.e. wash water, dewatering) properly controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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List BMPs from the SWPPP and whether they are properly implemented and maintained.

BMP		Implemented		Maintained		Comments
		Yes	No	Yes	No	
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments:						

*Use additional paper if the number of BMPs exceeds the space allotted.



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<i>Description of Potential Non-Compliance:</i>				
<u>No.</u>	<u>Description</u>	<u>Photo No.</u>	<u>Deficiency Type</u>	<u>Follow-up Date</u>

NOTE: Descriptions of deficiency types may be found in the *Construction and Post-Construction Storm Water Management Plan*, Section 4.3

Check box if:

☐

No incidents of potential non-compliance were found, and I certify that this inspection found this site to be in full compliance with both the Storm Water Management Program Plan and applicable permits. All items must be checked "Yes" to be considered in full compliance.

☐

Incidents of potential non-compliance were found and discussed with Site Manager. If any items were checked "No" then this box must be checked. Document any incidences of non-compliance with photograph(s) and description of the non-compliance(s).

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designated to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 fine and imprisonment for knowing violations."

Print Name: _____

Signature: _____

Date: _____