

Stormwater Facility Operation and Maintenance Inspection Report

General	
SITE NAME	ADDRESS
DATE AND TIME OF VISIT	REASON FOR INSPECTION (e.g. routine/annual, follow-up, or response to complaint)
Review of Stormwater Control Operation and Maintenance Plan	
Was the on-site copy of the Plan available on request? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECTIONS OUT OF DATE AND UPDATES NEEDED: <input type="checkbox"/> Owner contact Information <input type="checkbox"/> Information on changes to facilities <input type="checkbox"/> Records of previous inspections <input type="checkbox"/> Other:
Date of last update to Plan: ____/____/____	
MAINTENANCE LOGS: <input type="checkbox"/> Consistent with maintenance schedule in Plan. <input type="checkbox"/> Not consistent with maintenance schedule (note exceptions):	
Results of Site Inspection	
Overall condition of site and any exceptional circumstances:	
LIST STORMWATER FACILITIES INSPECTED (Use designations/IMP #s from Plan)	ITEMS INSPECTED AND EXCEPTIONS NOTED:
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Compliance Summary and Recommended Follow-up	
SITE STATUS: <input type="checkbox"/> In compliance—no corrective actions required. <input type="checkbox"/> In compliance—Implement corrective actions. <input type="checkbox"/> Not in compliance—Correct and reinspect.	FOLLOW-UP PLAN AND SCHEDULE: INSPECTOR: _____ DATE: _____