

**GENERAL HOUSEKEEPING:
BI-WEEKLY INSPECTION CHECKLIST
PUBLIC WORKS**

Inspected by: _____ Date: _____ Time: _____

INSPECTION ITEM	ACTION NEEDED	DATE CORRECTED
SANITATION (PARKING LOT)		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does parking lot need to be swept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stormwater inlet free of debris/blockages and protected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trash receptacles & lids in good repair & not overflowing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SANITATION DEPARTMENT (COVERED BUILDING/ENTRANCE)		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Leaks or spills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does area need to be swept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the material storage areas neat and organized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stored materials kept to a minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All other containers properly labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical inventory list up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stormwater inlet free of debris/blockages and protected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trash receptacles & lids in good repair & not overflowing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daily Housekeeping Log signed each day since last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact person: Jeffrey Deese	
SANITATION DEPARTMENT (EMPLOYEE PARKING LOT)		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does parking lot need to be swept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stormwater inlet free of debris/blockages and protected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trash receptacles & lids in good repair & not overflowing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SANITATION/STREET DEPARTMENT (EQUIPMENT WASH AREA)		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Leaks or spills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does area need to be swept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the material storage areas neat and organized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stored materials kept to a minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All containers properly labeled and located in storage shed or under covered building? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical inventory list up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is Sump Pump at an appropriate height? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Effluent basin need skimmed to remove floatables? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Effluent basin needs sediment removal/wash down? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is condition of dry basin acceptable? (Free of large debris, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stormwater inlet free of debris/blockages and protected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trash receptacles & lids in good repair & not overflowing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

INSPECTION ITEM	ACTION NEEDED	DATE CORRECTED
STREETS DEPARTMENT (COVERED BUILDING)		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Leaks or spills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does area need to be swept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the material storage area(s) neat and organized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All drums in good condition, labeled, and sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All other containers properly labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stored materials kept to a minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical inventory list up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stored Wattles, Oil-Dri & Pads in good condition and staked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stormwater inlet free of debris/blockages and protected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trash receptacles & lids in good repair & not overflowing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daily Housekeeping Log signed each day since last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact person: Alvin Porter	
STREET DEPARTMENT (EXTERIOR EQUIPMENT STAGING AREA)		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Leaks or spills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does parking lot need to be swept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the material storage area(s) neat and organized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stored materials kept to a minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stockpiles maintained (bermed, tarped, etc. in good condition)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stormwater inlet free of debris/blockages and protected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trash receptacles & lids in good repair & not overflowing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FLOOD CONTROL DEPARTMENT		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Leaks or spills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does area need to be swept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the material storage areas neat and organized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stored materials kept to a minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All other containers properly labeled and located in storage shed or under covered building? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical inventory list up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stormwater inlet free of debris/blockages and protected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daily Housekeeping Log signed each day since last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact person: Matt Holston	
PUBLIC WORKS FACILITY		
Are there any hazardous materials stored on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are the hazardous materials properly stored and labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Inspected Signature: _____

Superintendent Signature: _____