



CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

Facility Name:	Address:
Contact Name:	Title:
Phone #:	Date of Inspection:

Facility Type

<input type="checkbox"/> Public Building	<input type="checkbox"/> Parks/Cemetery	<input type="checkbox"/> Public Works
<input type="checkbox"/> Storage/Maintenance/Corporate Yard	<input type="checkbox"/> Police/Fire Department	<input type="checkbox"/> Public Parking Facility
<input type="checkbox"/> Stable/Animal Shelter	<input type="checkbox"/> Sports Facility	<input type="checkbox"/> Other:

Facility Information and Operations

Stock Piles: <input type="checkbox"/> Yes <input type="checkbox"/> No	Towing Yard: <input type="checkbox"/> Yes <input type="checkbox"/> No
Storm Water Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sediment and Erosion: <input type="checkbox"/> Yes <input type="checkbox"/> No
Storage and Handling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Processes: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fueling Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Chemicals: <input type="checkbox"/> Yes <input type="checkbox"/> No
Leaks and Spills: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Waste/Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Washing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Maintenance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Washing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Maintenance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does facility discharge/connect to MS4? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does water from facility discharge to street? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does water from facility discharge to drainage ditch, creek, or river? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the facility been inspected by the State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were there deficiencies noted by the State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe if applicable:	
Has the facility reported any recent violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe if applicable:	
Comments:	

Storm Water BMP Plan Inspection

Storm Water BMP Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Date Initially Complete or Updated:	BMPP needs to be updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is facility following the recommendations in the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	



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SPCC Inspection

SPCC Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Date Initially Complete or Updated:	SPCC Plan needs to be updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is facility following the recommendations in the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

Records Reviewed

Employee Training Records reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Discharge Monitoring Report reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ADEM or other agency's correspondence letter reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are spill records kept current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If spills were recorded, has the appropriate follow-up occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Facility Inspection

<input type="checkbox"/> Aboveground storage tanks present	<input type="checkbox"/> Mop sink outside
<input type="checkbox"/> Underground storage tanks present	<input type="checkbox"/> Dumpster lids closed
<input type="checkbox"/> Spill clean-up material on site	<input type="checkbox"/> Dumpster not leaking and in good condition
<input type="checkbox"/> Leaks and drip spots cleaned routinely	<input type="checkbox"/> Low contamination berm around waste area
<input type="checkbox"/> Materials and waste managed to reduce impact on storm water quality	<input type="checkbox"/> Storm drain inlets and catch basins inspected and cleaned
<input type="checkbox"/> Grading and paving area to prevent runoff	<input type="checkbox"/> Leaks and drips cleaned around waste area
<input type="checkbox"/> Employees trained upon hire and annually	<input type="checkbox"/> Litter on premises
<input type="checkbox"/> Pollutants covered and isolated from SW contact	<input type="checkbox"/> Use of trash receptacle
<input type="checkbox"/> Use of drip pans under vehicles/equipment	Poor/Fair/Good/Excellent BMPs observed (circle one)
Other Storm Water contact:	
Comments:	

Inspected By: _____

Is this facility a PHF storage facility? Yes No
 If so, is PHF Inspection Form attached? Yes No
 Any photos attached? Yes No