



**CITY OF MOBILE**  
**PHF STORAGE INSPECTION CHECKLIST**

Facility Name: <i>ACGC</i>	Contact: <i>Brian Aaron</i>	Phone No.: <i>251-208-5162</i>
Facility Address: <i>1600 Gaillard Dr</i>	Contact Title: <i>Golf Course Superintendent</i>	Inspection Date: <i>9-6-22</i>

<b>Pesticides</b>	<input type="checkbox"/> N/A
Each container/bag properly labeled including directions for use: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Data Sheets (SDS) current: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Data Sheets (SDS) easily accessible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Access to containers/bags restricted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers/bags stored within secondary structures/containment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signs of any spills or leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Spill response equipment/supplies stocked and easily readily available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Employees trained on proper handling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers/bags are under roof or covered with water proof material: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, how many are exposed to rain?	

<b>Herbicides</b>	<input type="checkbox"/> N/A
Each container/bag properly labeled including directions for use: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Data Sheets (SDS) current: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Data Sheets (SDS) easily accessible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Access to containers/bags restricted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers/bags stored within secondary structures/containment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signs of any spills or leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Spill response equipment/supplies stocked and readily available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Employees trained on proper handling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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**Fertilizers**

☐ N/A

Each container/bag properly labeled including directions for use: ☒ Yes ☐ No

Safety Data Sheets (SDS) current: ☒ Yes ☐ No

Safety Data Sheets (SDS) easily accessible: ☒ Yes ☐ No

Access to containers/bags restricted: ☒ Yes ☐ No

Containers/bags stored within secondary structures/containment: ☒ Yes ☐ No

Signs of any spills or leaks: ☐ Yes ☒ No

Spill response equipment/supplies stocked and readily available: ☒ Yes ☐ No

Employees trained on proper handling: ☒ Yes ☐ No

Containers/bags are under roof or covered with water proof material: ☒ Yes ☐ No

If No, how many are exposed to rain?

**General/Maintenance**

Any signs of an illicit discharge? ☐ Yes ☒ No

If Yes, describe, report and initiate Illicit Discharge Investigation:

Trash or floatables present: ☐ Yes ☒ No

Trash and waste products removed and properly disposed: ☒ Yes ☐ No

Work areas, loading areas, storage areas neat and clean: ☒ Yes ☐ No

**Comments**

Areas appeared neat + clean at time of inspection. No direct or indirect evidence of an illicit discharge at the time of inspection.

Inspected By: *Ryne Smith*













**CITY OF MOBILE**  
**PHF STORAGE INSPECTION CHECKLIST**

Facility Name: <i>Parks Western-PHF</i>	Contact: <i>Allen Reed</i>	Phone No.: <i>251-208-1604</i>
Facility Address: <i>4901 Museum Dr</i>	Contact Title: <i>Supervisor</i>	Inspection Date: <i>9-6-22</i>

**Pesticides**

☒ N/A

Each container/bag properly labeled including directions for use: ☐ Yes ☐ No

Safety Data Sheets (SDS) current: ☐ Yes ☐ No

Safety Data Sheets (SDS) easily accessible: ☐ Yes ☐ No

Access to containers/bags restricted: ☐ Yes ☐ No

Containers/bags stored within secondary structures/containment: ☐ Yes ☐ No

Signs of any spills or leaks: ☐ Yes ☐ No

Spill response equipment/supplies stocked and easily readily available: ☐ Yes ☐ No

Employees trained on proper handling: ☐ Yes ☐ No

Containers/bags are under roof or covered with water proof material: ☐ Yes ☐ No

If No, how many are exposed to rain?

**Herbicides**

☒ N/A

Each container/bag properly labeled including directions for use: ☐ Yes ☐ No

Safety Data Sheets (SDS) current: ☐ Yes ☐ No

Safety Data Sheets (SDS) easily accessible: ☐ Yes ☐ No

Access to containers/bags restricted: ☐ Yes ☐ No

Containers/bags stored within secondary structures/containment: ☐ Yes ☐ No

Signs of any spills or leaks: ☐ Yes ☐ No

Spill response equipment/supplies stocked and readily available: ☐ Yes ☐ No

Employees trained on proper handling: ☐ Yes ☐ No

Containers/bags are under roof or covered with water proof material: ☐ Yes ☐ No

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If Yes, describe, report and initiate Illicit Discharge Investigation:

Trash or floatables present: ☐ Yes ☒ No

Trash and waste products removed and properly disposed: ☒ Yes ☐ No

Work areas, loading areas, storage areas neat and clean: ☒ Yes ☐ No

**Comments**

Fertilizers only at the Facility. Facility is neat & clean during inspection. No illicit discharge at the time of inspection

Inspected By: Ryne Smith

















**CITY OF MOBILE**  
**PHF STORAGE INSPECTION CHECKLIST**

<b>Facility Name:</b> <i>Parks Administration</i>	<b>Contact:</b> <i>Dan Otto</i>	<b>Phone No.:</b> <i>251-208-1604</i>
<b>Facility Address:</b> <i>48 N. Sage Ave</i>	<b>Contact Title:</b> <i>Park Superintendent</i>	<b>Inspection Date:</b> <i>9-6-22</i>

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**Comments**

No direct or indirect evidence of an illicit discharge at the time of inspection.

Inspected By: *Ryne Smith*







