

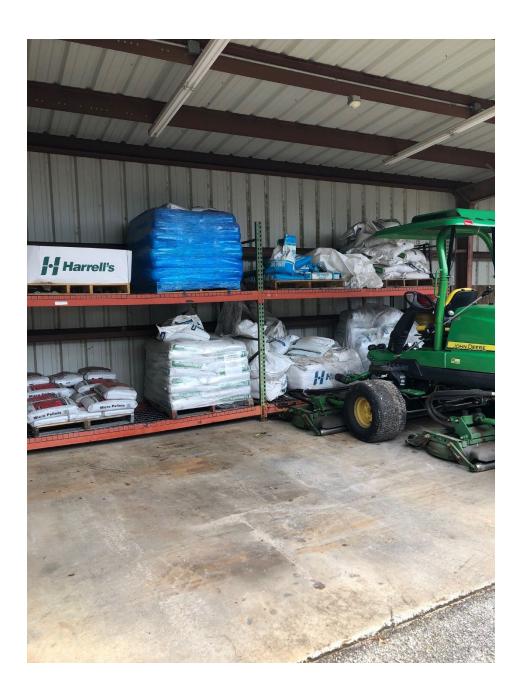
Facility Name: ACGC	Contact: Brian Aaron	Phone No.: 251-208-5168
Facility Address: 1500 Gaillard Dr	Contact Title: Golf Course Superintendent	Inspection Date: 9-6-22
	- Cyc mixies	
Pesticides □ N/A		
Each container/bag properly labeled i	ncluding directions for use: 🗹 Yes	i □ No
Safety Data Sheets (SDS) current: 🗹 Y	es □ No	50
Safety Data Sheets (SDS) easily access	ibļe: ☑ Yes □ No	
Access to containers/bags restricted:	☑ Yes ☐ No	
Containers/bags stored within second	ary structures/containment: 🗹 Y	es 🗆 No
Signs of any spills or leaks: ☐ Yes ☐	No	,
Spill response equipment/supplies sto	ocked and easily readily available:	☑ Yes □ No
Employees trained on proper handling	g: ☑ Yes □ No	, , , , , , , , , , , , , , , , , , , ,
Containers/bags are under roof or cov	vered with water proof material:	☑ Yes □ No
If No, how many are exposed to rain?		
Herbicides □ N/A		
Each container/bag properly labeled i	ncluding directions for use: 🗹 Yes	i □ No
Safety Data Sheets (SDS) current: 🗹 Y	es □¸No	
Safety Data Sheets (SDS) easily access	ible: 🗹 Yes 🛛 No	
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Fertilizers
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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
Work areas, loading areas, storage areas near and clean in the
Comments
Areas appeared next + clean at time of inspection. No direct or indirect evidence of an illicit discharge at the time of
or indicent evidence of an illigit discharge at the time of
in Cook 15
in spection.
Inspected By: Ryne Smith







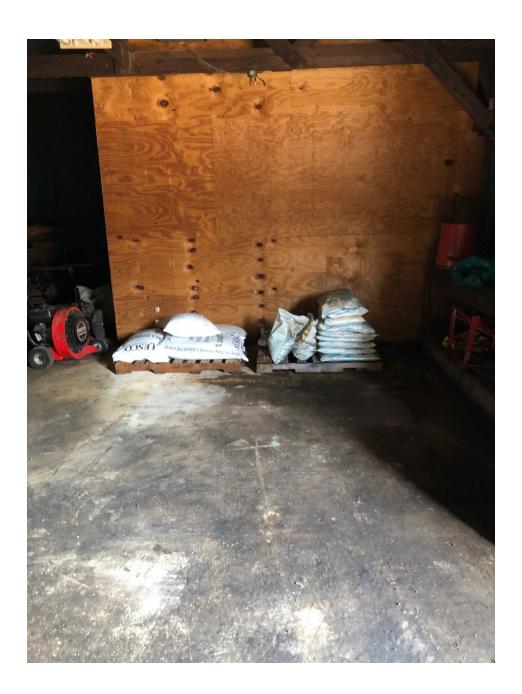


Facility Name: Parks Western -PHF Contact: Allen Reed Facility Address: 490/ Museum Dr Contact Title: Supervisor	Phone No.: 251-208 - 1/60
Facility Address: 4901 Museum Dr. Contact Title: Supervisor	Inspection Date: 9-6-22
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Pesticides ☑ N/A	
Each container/bag 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: \square Yes	□ No
Signs of any spills or leaks: ☐ Yes ☐ No	
Spill response equipment/supplies stocked and easily readily available: \square	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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Signs of any spills or leaks: Yes No	
Spill response equipment/supplies stocked and readily available: \square Yes	□ No
Employees trained on proper handling: ☐ Yes ☐ No	
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Signs of any spills or leaks: Yes No		
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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		
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Comments		
CORRECT CONTRACTOR CON		
Footiers and I let i'll Taille		
tertilizers only at the Facility. Facility is need at clean during inspection. No illicit discharge at the time of		
during inspection. No illicit discharge at the time of		
in spection		











Facility Name: Parks Administration Contact: Dan 040 Phone No.: 251-208-1604		
Facility Address: 48 N. Sage Ave Contact Title: Park Superintendent Inspection Date: 9-6-22		
Pesticides		
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Safety Data Sheets (SDS) current: ☑ Yes ☐ No		
Safety Data Sheets (SDS) easily accessible: ✓ Yes No		
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Comments		
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Inspected By: Rune Smith		





