



**CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST**

Facility Name: <i>MPD 3rd Precinct</i>	Address: <i>2165 St. Stephens Rd</i>
Contact Name: <i>Marc Vassallo</i>	Title: <i>Senior Director of Public Services</i>
Phone #: <i>251-208-4103</i>	Date of Inspection: <i>8-30-22</i>

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 checked="" type="checkbox"/> Police/Fire Department	<input type="checkbox"/> Public Parking Facility
<input type="checkbox"/> Stable/Animal Shelter	<input type="checkbox"/> Sports Facility	<input checked="" type="checkbox"/> Other: <i>Fueling site</i>

Facility Information and Operations	
Stock Piles: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Towing Yard: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storm Water Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sediment and Erosion: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storage and Handling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Exposed Processes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fueling Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Chemicals: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Leaks and Spills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazardous Waste/Materials: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Washing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Maintenance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Equipment Washing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment Maintenance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does facility discharge/connect to MS4? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does water from facility discharge to street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does water from facility discharge to drainage ditch, creek, or river? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the facility been inspected by the State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Were there deficiencies noted by the State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>	
Has the facility reported any recent violation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>	
Comments: <i>Storm Water Contact is from on-site vehicle parking. Major Spills resulting from on-site AST would go to detention pond. Historic staining near fueling station. No recent or active spills observed.</i>	

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Date Initially Complete or Updated: <i>N/A</i>	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: <i>N/A</i>	



**CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST**

SPCC Inspection

SPCC Plan Available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Date Initially Complete or Updated:	9-30-21	SPCC Plan needs to be updated?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is facility following the recommendations in the plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: <i>Plan updated September 2021.</i>			

Records Reviewed

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

Facility Inspection

<input checked="" type="checkbox"/> Aboveground storage tanks present	<input type="checkbox"/> Mop sink outside
<input type="checkbox"/> Underground storage tanks present	<input checked="" type="checkbox"/> Dumpster lids closed
<input checked="" type="checkbox"/> Spill clean-up material on site	<input checked="" type="checkbox"/> Dumpster not leaking and in good condition
<input checked="" type="checkbox"/> Leaks and drip spots cleaned routinely	<input type="checkbox"/> Low contamination berm around waste area
<input checked="" type="checkbox"/> Materials and waste managed to reduce impact on storm water quality	<input checked="" 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 checked="" type="checkbox"/> Employees trained upon hire and <u>annually</u>	<input type="checkbox"/> Litter on premises
<input type="checkbox"/> Pollutants covered and isolated from SW contact	<input checked="" type="checkbox"/> Use of trash receptacle
<input type="checkbox"/> Use of drip pans under vehicles/equipment	Poor/Fair/ <u>Good</u> /Excellent BMPs observed (circle one)
Other Storm Water contact: <i>N/A</i>	
Comments: <i>Facility appeared to be in good condition at the time of inspection. No recent or active spills were observed on-site.</i>	

Inspected By: *Ryne Smith, Brian Mabry*

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







**REPORT
EMERGENCY SPILLS**
DIAL: (251) 208-2884
or DURING NON-BUSINESS
HOURS DIAL:
(251) 404-9807
IN CASE OF FIRE, DIAL: 911

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**CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST**

Facility Name: <i>4th Precinct</i>	Address: <i>8080 Airport Blvd.</i>
Contact Name: <i>Marc Vassallo</i>	Title: <i>Senior Director of Public Services</i>
Phone #: <i>251-208-4103</i>	Date of Inspection: <i>9-2-22</i>

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 checked="" type="checkbox"/> Police/Fire Department	<input type="checkbox"/> Public Parking Facility
<input type="checkbox"/> Stable/Animal Shelter	<input type="checkbox"/> Sports Facility	<input checked="" type="checkbox"/> Other: <i>Fueling Site</i>

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

Comments: *On-site AST's have secondary containment. City vehicles are parked on-site. MFRD vehicles are washed on-site and the waste water goes through OWS. Other areas drain to on-site detention pond & adjoining ditch.*

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



**CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST**

SPCC Inspection	
SPCC Plan Available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Date Initially Complete or Updated: <i>May 2021</i>	SPCC Plan needs to be updated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is facility following the recommendations in the plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: <i>Plan was updated in May of 2021.</i>	

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

Facility Inspection	
<input checked="" type="checkbox"/> Aboveground storage tanks present	<input type="checkbox"/> Mop sink outside
<input type="checkbox"/> Underground storage tanks present	<input checked="" type="checkbox"/> Dumpster lids closed
<input checked="" type="checkbox"/> Spill clean-up material on site	<input checked="" type="checkbox"/> Dumpster not leaking and in good condition
<input checked="" 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 checked="" type="checkbox"/> Storm drain inlets and catch basins inspected and cleaned
<input type="checkbox"/> Grading and paving area to prevent runoff	<input checked="" type="checkbox"/> Leaks and drips cleaned around waste area
<input checked="" type="checkbox"/> Employees trained upon hire and <u>annually</u>	<input checked="" 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/ <u>Good</u> /Excellent BMPs observed (circle one)
Other Storm Water contact: <i>N/A</i>	
Comments: <i>Facility appeared to be in good condition at the time of inspection. Proper use of trash receptacles needs to occur.</i>	

Inspected By: <i>Ryne Smith, Brian Mabry</i>
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Is this facility a PHF storage facility? Yes No
 If so, is PHF Inspection Form attached? Yes No
 Any photos attached? Yes No













**CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST**

Facility Name: <i>ALGC (Golf Course)</i>	Address: <i>1000 Gaillard Dr</i>
Contact Name: <i>Brian Aaron</i>	Title: <i>Golf Course Superintendent</i>
Phone #: <i>251-208 5162</i>	Date of Inspection: <i>9-6-22</i>

Facility Type		
<input type="checkbox"/> Public Building	<input checked="" 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 checked="" type="checkbox"/> Other: <i>Golf Course & Fueling Site</i>

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

Comments: *Storm Water Contact is from parking of City vehicles + equipment. Washing of equipment is limited to grass clippings. Discharges go to adjoining detention pond.*

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



**CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST**

SPCC Inspection

SPCC Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Date Initially Complete or Updated: <i>N/A</i>	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: <i>N/A</i>	

Records Reviewed

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

Facility Inspection

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

Other Storm Water contact:

Use of PHF's occurs on golf course. Instructions/labels are complied with.

Comments: *Facility was in good condition at the time of inspection.*

Inspected By: *Ryne Smith*

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













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>

Pesticides	<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?	

Herbicides	<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	
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?	



CITY OF MOBILE
PHF STORAGE INSPECTION CHECKLIST

Fertilizers 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
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?

General/Maintenance

Any signs of an illicit discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe, report and initiate Illicit Discharge Investigation:
Trash or floatables present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Trash and waste products removed and properly disposed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work areas, loading areas, storage areas neat and clean: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <i>Ryne Smith</i>









CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

Facility Name: <i>Fire Station No. 17</i>	Address: <i>5525 Commerce Blvd. E</i>
Contact Name: <i>Marc Vassallo</i>	Title: <i>Senior Director of Public Services</i>
Phone #: <i>251-208-4103</i>	Date of Inspection: <i>9-1-22</i>

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 checked="" type="checkbox"/> Police/Fire Department	<input type="checkbox"/> Public Parking Facility
<input type="checkbox"/> Stable/Animal Shelter	<input type="checkbox"/> Sports Facility	<input checked="" type="checkbox"/> Other: <i>Fueling Site</i>

Facility Information and Operations			
Stock Piles:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Towing Yard:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storm Water Contact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sediment and Erosion:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storage and Handling:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Exposed Processes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fueling Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Chemicals:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Leaks and Spills:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazardous Waste/Materials:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Washing:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Maintenance:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Equipment Washing:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment Maintenance:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does facility discharge/connect to MS4?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does water from facility discharge to street?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does water from facility discharge to drainage ditch, creek, or river?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the facility been inspected by the State?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Were there deficiencies noted by the State?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>			
Has the facility reported any recent violation?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>			
Comments: <i>Storm water runoff from the facility drains to on-site detention pond. Storm water contact is limited to fueling of fire vehicles. HazMat Team is located at this facility</i>			

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



CITY OF MOBILE MUNICIPAL FACILITY INSPECTION CHECKLIST

SPCC Inspection

SPCC Plan Available? Yes No N/A

Date Initially Complete or Updated: *September 2018* SPCC Plan needs to be updated? Yes No

Is facility following the recommendations in the plan? Yes No

Comments: *Plan was completed in 2018. Will be updated in 2023.*

Records Reviewed

Employee Training Records reviewed? Yes No N/A

Discharge Monitoring Report reviewed? Yes No N/A

ADEM or other agency's correspondence letter reviewed? Yes No N/A

Are spill records kept current? Yes No N/A

If spills were recorded, has the appropriate follow-up occurred? Yes No N/A

Facility Inspection

<input checked="" type="checkbox"/> Aboveground storage tanks present	<input type="checkbox"/> Mop sink outside
<input type="checkbox"/> Underground storage tanks present	<input checked="" type="checkbox"/> Dumpster lids closed
<input checked="" type="checkbox"/> Spill clean-up material on site	<input checked="" type="checkbox"/> Dumpster not leaking and in good condition
<input checked="" type="checkbox"/> Leaks and drip spots cleaned routinely	<input type="checkbox"/> Low contamination berm around waste area
<input checked="" type="checkbox"/> Materials and waste managed to reduce impact on storm water quality	<input checked="" type="checkbox"/> Storm drain inlets and catch basins inspected and cleaned
<input type="checkbox"/> Grading and paving area to prevent runoff	<input checked="" 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 checked="" type="checkbox"/> Use of trash receptacle
<input type="checkbox"/> Use of drip pans under vehicles/equipment	Poor/Fair/ <u>Good</u> /Excellent BMPs observed (circle one)
Other Storm Water contact: <i>N/A</i>	
Comments: <i>Facility appeared to be in good condition at the time of inspection. Minor historic spill evidence on-site.</i>	

Inspected By: *Ryne Smith, Brian Mabry*

Is this facility a PHF storage facility? Yes No

If so, is PHF Inspection Form attached? Yes No

Any photos attached? Yes No















**CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST**

Facility Name: <i>Gayle Street - EQS</i>	Address: <i>770 Gayle Street</i>
Contact Name: <i>Marc Vassallo</i>	Title: <i>Senior Director of Public Services</i>
Phone #: <i>251-208-4103</i>	Date of Inspection: <i>9-28-22</i>

Facility Type		
<input type="checkbox"/> Public Building	<input type="checkbox"/> Parks/Cemetery	<input checked="" type="checkbox"/> Public Works
<input checked="" 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 checked="" type="checkbox"/> Other: <i>Fueling Site</i>

Facility Information and Operations	
Stock Piles: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Towing Yard: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Storm Water Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sediment and Erosion: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storage and Handling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Processes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fueling Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Chemicals: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Leaks and Spills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Waste/Materials: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Washing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Maintenance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Washing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment Maintenance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does facility discharge/connect to MS4? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does water from facility discharge to street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does water from facility discharge to drainage ditch, creek, or river? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the facility been inspected by the State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Were there deficiencies noted by the State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>	
Has the facility reported any recent violation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>	
Comments: <i>Daily parking of vehicles and equipment occurs at the Facility. Maintenance is performed indoors unless there is an extreme emergency. Facility is a fueling site as well.</i>	

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



**CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST**

SPCC Inspection	
SPCC Plan Available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Date Initially Complete or Updated: 7/22	SPCC Plan needs to be updated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is facility following the recommendations in the plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: Plan updated July 2022.	

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

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

Inspected By: Ryne Smith

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











CITY OF MOBILE MUNICIPAL FACILITY INSPECTION CHECKLIST

Facility Name: <i>Gayle Street - Public Services</i>	Address: <i>770 Gayle Street</i>
Contact Name: <i>Marc Vassallo</i>	Title: <i>Senior Director of Public Services</i>
Phone #: <i>251-208-4103</i>	Date of Inspection: <i>9-28-22</i>

Facility Type		
<input type="checkbox"/> Public Building	<input type="checkbox"/> Parks/Cemetery	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Towing Yard: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storm Water Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sediment and Erosion: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storage and Handling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Processes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fueling Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Exposed Chemicals: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Leaks and Spills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Waste/Materials: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Washing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Maintenance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Equipment Washing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Maintenance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does facility discharge/connect to MS4? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does water from facility discharge to street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does water from facility discharge to drainage ditch, creek, or river? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the facility been inspected by the State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Were there deficiencies noted by the State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>	
Has the facility reported any recent violation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>	
Comments: <i>Daily parking of vehicles and equipment occur at the Facility. Most equipment is parked under a covered area. Two on-site wash areas are connected to an oil/water separator. Stockpiles are under covered area.</i>	

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

SPCC Inspection

SPCC Plan Available? [x] Yes [] No [] N/A
Date Initially Complete or Updated: 7/22 SPCC Plan needs to be updated? [] Yes [x] No
Is facility following the recommendations in the plan? [x] Yes [] No
Comments: SPCC Plan managed by EQS side of Facility.

Records Reviewed

Employee Training Records reviewed? [x] Yes [] No [] N/A
Discharge Monitoring Report reviewed? [] Yes [] No [x] N/A
ADEM or other agency's correspondence letter reviewed? [] Yes [] No [x] N/A
Are spill records kept current? [x] Yes [] No [] N/A
If spills were recorded, has the appropriate follow-up occurred? [x] Yes [] No [] N/A

Facility Inspection

[x] Aboveground storage tanks present [] Mop sink outside
[x] Underground storage tanks present [x] Dumpster lids closed
[x] Spill clean-up material on site [] Dumpster not leaking and in good condition
[x] Leaks and drip spots cleaned routinely [] Low contamination berm around waste area
[] Materials and waste managed to reduce impact on storm water quality [x] Storm drain inlets and catch basins inspected and cleaned
[] Grading and paving area to prevent runoff [] Leaks and drips cleaned around waste area
[x] Employees trained upon hire and annually [] Litter on premises
[x] Pollutants covered and isolated from SW contact [x] Use of trash receptacle
[x] Use of drip pans under vehicles/equipment Poor/Fair/Good/Excellent BMPs observed (circle one)
Other Storm Water contact: N/A
Comments: Oil-dri should be swept in a timely fashion. Facility should continue to focus on goodhousekeeping.

Inspected By: Ryne Smith

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













CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

Facility Name: <i>Hurtel Street</i>	Address: <i>1900 Hurtel Street</i>
Contact Name: <i>Marc Vassallo</i>	Title: <i>Senior Director of Public Services</i>
Phone #: <i>251-208-4103</i>	Date of Inspection: <i>9-22-22</i>

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

Comments: *City equipment and vehicles (city + personal) are stored on-site. Equipment maintenance is conducted indoors, although some emergency work is performed outdoors. Appropriate BMP's are utilized when maintenance is performed. On-site wash rack is connected to OWS + Sanitary Sewer.*

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



**CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST**

SPCC Inspection

SPCC Plan Available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Date Initially Complete or Updated:	1/21/21	SPCC Plan needs to be updated?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is facility following the recommendations in the plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:	N/A		

Records Reviewed

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

Facility Inspection

<input checked="" type="checkbox"/> Aboveground storage tanks present	<input type="checkbox"/> Mop sink outside
<input type="checkbox"/> Underground storage tanks present	<input checked="" type="checkbox"/> Dumpster lids closed
<input checked="" type="checkbox"/> Spill clean-up material on site	<input checked="" 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 checked="" type="checkbox"/> Materials and waste managed to reduce impact on storm water quality	<input checked="" 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 checked="" type="checkbox"/> Employees trained upon hire and <u>annually</u>	<input type="checkbox"/> Litter on premises
<input type="checkbox"/> Pollutants covered and isolated from SW contact	<input checked="" type="checkbox"/> Use of trash receptacle
<input checked="" type="checkbox"/> Use of drip pans under vehicles/equipment	Pool/ <u>Fair</u> /Good/Excellent BMPs observed (circle one)

Other Storm Water contact: N/A

Comments: Drip Spots need to be addressed in a timely manner. Limit outdoor maintenance. Spill occurred while on-site from a failed hydraulic hose. Spill crew responded in a timely manner & remediated the spill.

Inspected By: Ryne Smith

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



















CITY OF MOBILE MUNICIPAL FACILITY INSPECTION CHECKLIST

Facility Name: <i>Langan Park Fueling Site</i>	Address: <i>4901 Museum Dr</i>
Contact Name: <i>Marc Vassallo</i>	Title: <i>Senior Director of Public Services</i>
Phone #: <i>251-208-4103</i>	Date of Inspection: <i>9-2-22</i>

Facility Type		
<input type="checkbox"/> Public Building	<input checked="" 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 checked="" type="checkbox"/> Other: <i>Fueling Site</i>

Facility Information and Operations			
Stock Piles:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Towing Yard:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storm Water Contact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sediment and Erosion:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storage and Handling:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Processes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fueling Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Chemicals:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Leaks and Spills:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazardous Waste/Materials:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Washing:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Maintenance:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Equipment Washing:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment Maintenance:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does facility discharge/connect to MS4?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does water from facility discharge to street?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does water from facility discharge to drainage ditch, creek, or river?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Has the facility been inspected by the State?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Were there deficiencies noted by the State?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>			
Has the facility reported any recent violation?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>			
Comments: <i>Storm water contact is from parking of city vehicles and fueling area. Spill response kit is on-site and near the fueling station.</i>			

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

SPCC Inspection

SPCC Plan Available? [x] Yes [] No [] N/A
Date Initially Complete or Updated: September 2021 SPCC Plan needs to be updated? [] Yes [x] No
Is facility following the recommendations in the plan? [x] Yes [] No
Comments: Plan was updated in September of 2021.

Records Reviewed

Employee Training Records reviewed? [x] Yes [] No [] N/A
Discharge Monitoring Report reviewed? [] Yes [] No [x] N/A
ADEM or other agency's correspondence letter reviewed? [] Yes [] No [x] N/A
Are spill records kept current? [] Yes [] No [x] N/A
If spills were recorded, has the appropriate follow-up occurred? [] Yes [] No [x] N/A

Facility Inspection

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

Comments: Facility appeared to be in good condition at the time of inspection. Stockpiles should be looked at to determine if some materials are still needed.

Inspected By: Ryne Smith, Brian Mabry

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



CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

Facility Name: <i>Motor Pool</i>	Address: <i>745 South Broad Street</i>
Contact Name: <i>Marc Vassallo</i>	Title: <i>Senior Director of Public Services</i>
Phone #: <i>251-208-4103</i>	Date of Inspection: <i>8-30-22</i>

Facility Type		
<input type="checkbox"/> Public Building	<input type="checkbox"/> Parks/Cemetery	<input type="checkbox"/> Public Works
<input checked="" 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 checked="" type="checkbox"/> Other: <i>Fueling Site</i>

Facility Information and Operations	
Stock Piles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Towing Yard: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Storm Water Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sediment and Erosion: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storage and Handling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Processes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fueling Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Chemicals: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Leaks and Spills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazardous Waste/Materials: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Washing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Maintenance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Washing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment Maintenance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does facility discharge/connect to MS4? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does water from facility discharge to street? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does water from facility discharge to drainage ditch, creek, or river? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the facility been inspected by the State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Were there deficiencies noted by the State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>	
Has the facility reported any recent violation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>	
Comments: <i>Facility has on-site fueling station. Fueling site appeared to be clean with no evidence of recent or active spills. Motorcycle maintenance occurs indoors. Storm water contact is limited to parking and storage of city vehicles and equipment.</i>	

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



CITY OF MOBILE MUNICIPAL FACILITY INSPECTION CHECKLIST

SPCC Inspection	
SPCC Plan Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>Petroleum Storage is under SPCC requirements.</i>	

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

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

Inspected By: *Ryne Smith, Brian Mabry*

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









383569 5
22G1

30,480 KGS
67,200 LBS
2,280 KGS
5,030 LBS

29,200 KGS
65,170 LBS
33.2 CU.MT.
1,170 CU.FT.

MEDITERRANEAN

MSC

DIESEL
NO SMOKING







CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

Facility Name: <i>Myland Avenue Stockpile yard</i>	Address: <i>1820 Myland Avenue</i>
Contact Name: <i>Marc Nassallo</i>	Title: <i>Senior Director of Public Services</i>
Phone #: <i>251-208-4103</i>	Date of Inspection: <i>9-22-22</i>

Facility Type		
<input type="checkbox"/> Public Building	<input type="checkbox"/> Parks/Cemetery	<input type="checkbox"/> Public Works
<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Towing Yard: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storm Water Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sediment and Erosion: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storage and Handling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Processes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fueling Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Exposed Chemicals: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Leaks and Spills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazardous Waste/Materials: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Washing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Maintenance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Equipment Washing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment Maintenance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does facility discharge/connect to MS4? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does water from facility discharge to street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does water from facility discharge to drainage ditch, creek, or river? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Has the facility been inspected by the State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Were there deficiencies noted by the State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <p style="text-align: center;"><i>N/A</i></p>	
Has the facility reported any recent violation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <p style="text-align: center;"><i>N/A</i></p>	
Comments: <i>Facility is used by Public Works as a Stockpile yard. Stockpiles include pipe, sand, dirt + rip-rap. Non-Active stockpiles are stabilized.</i>	

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <p style="text-align: center;"><i>N/A</i></p>	



CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

SPCC Inspection

SPCC Plan Available? [] Yes [] No [x] N/A
Date Initially Complete or Updated: SPCC Plan needs to be updated? [] Yes [] No
Is facility following the recommendations in the plan? [] Yes [] No
Comments: N/A

Records Reviewed

Employee Training Records reviewed? [] Yes [] No [x] N/A
Discharge Monitoring Report reviewed? [] Yes [] No [x] N/A
ADEM or other agency's correspondence letter reviewed? [] Yes [] No [x] N/A
Are spill records kept current? [] Yes [] No [x] N/A
If spills were recorded, has the appropriate follow-up occurred? [] Yes [] No [x] N/A

Facility Inspection

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

Inspected By: Ryne Smith

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

















CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

Facility Name: <i>Paint and Body Shop</i>	Address: <i>901 Kelly St.</i>
Contact Name: <i>Marc Vassallo</i>	Title: <i>Senior Director of Public Services</i>
Phone #: <i>251-208-4103</i>	Date of Inspection: <i>9-27-22</i>

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

Comments: *Facility is used for municipal paint & body work. Paint & body work is performed indoors. Municipal trash trailers are power washed outdoors and paint chips are collected for disposal. Municipal vehicles for auction are temporarily stored on-site.*

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



**CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST**

SPCC Inspection

SPCC Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <p align="center">N/A</p>	

Records Reviewed

Employee Training Records reviewed? <input checked="" 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 checked="" type="checkbox"/> N/A
ADEM or other agency's correspondence letter reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Are spill records kept current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If spills were recorded, has the appropriate follow-up occurred? <input checked="" 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 checked="" type="checkbox"/> Dumpster lids closed
<input checked="" type="checkbox"/> Spill clean-up material on site	<input checked="" type="checkbox"/> Dumpster not leaking and in good condition
<input checked="" type="checkbox"/> Leaks and drip spots cleaned routinely	<input type="checkbox"/> Low contamination berm around waste area
<input checked="" type="checkbox"/> Materials and waste managed to reduce impact on storm water quality	<input checked="" 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 checked="" type="checkbox"/> Employees trained upon hire and <u>annually</u>	<input type="checkbox"/> Litter on premises
<input type="checkbox"/> Pollutants covered and isolated from SW contact	<input checked="" type="checkbox"/> Use of trash receptacle
<input type="checkbox"/> Use of drip pans under vehicles/equipment	Poor/Fair/ <u>Good</u> /Excellent BMPs observed (circle one)
Other Storm Water contact: <p align="center">N/A</p>	

Comments: Overall housekeeping appeared to be good at the time of inspection. Containers should be closed when not in use. Equipment should be cleaned prior to pressure washing.

Inspected By: Ryne Smith

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





LOADING
AREA







CITY OF MOBILE
PHF STORAGE INSPECTION CHECKLIST

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

Pesticides	<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?	

Herbicides	<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	
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?	



CITY OF MOBILE
PHF STORAGE INSPECTION CHECKLIST

Fertilizers [] N/A

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

General/Maintenance

Any signs of an illicit discharge? [] Yes [x] No
If Yes, describe, report and initiate Illicit Discharge Investigation:
Trash or floatables present: [] Yes [x] No
Trash and waste products removed and properly disposed: [x] Yes [] No
Work areas, loading areas, storage areas neat and clean: [x] Yes [] No

Comments

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

Inspected By: Ryne Smith









CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

Facility Name: <i>Parks Eastern Facility</i>	Address: <i>603 Broad St.</i>
Contact Name: <i>Dan Otto</i>	Title: <i>Park Superintendent</i>
Phone #: <i>251-208-1604</i>	Date of Inspection: <i>9-27-22</i>

Facility Type		
<input type="checkbox"/> Public Building	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Towing Yard: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storm Water Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sediment and Erosion: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storage and Handling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exposed Processes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fueling Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Exposed Chemicals: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Leaks and Spills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Waste/Materials: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Washing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Maintenance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Equipment Washing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment Maintenance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does facility discharge/connect to MS4? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does water from facility discharge to street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does water from facility discharge to drainage ditch, creek, or river? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the facility been inspected by the State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Were there deficiencies noted by the State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>	
Has the facility reported any recent violation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe if applicable: <i>N/A</i>	
Comments: <i>Stormwater Contact is limited to daily parking of city vehicles + equipment. Stockpiles on-site as well. Small equipment storage is located under canopy.</i>	

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

SPCC Inspection	
SPCC Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <p style="text-align: center;">N/A</p>	

Records Reviewed	
Employee Training Records reviewed? <input checked="" 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 checked="" type="checkbox"/> N/A	
ADEM or other agency's correspondence letter reviewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Are spill records kept current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If spills were recorded, has the appropriate follow-up occurred? <input checked="" 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 checked="" type="checkbox"/> Spill clean-up material on site	<input type="checkbox"/> Dumpster not leaking and in good condition
<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Employees trained upon hire and <u>annually</u>	<input checked="" 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/ <u>Good</u> /Excellent BMPs observed (circle one)
Other Storm Water contact: <p style="text-align: center;">N/A</p>	
Comments: Facility needs to focus on goodhousekeeping. Proper storage and disposal should occur. Stockpiles should be covered or stabilized temporarily.	

Inspected By: <u>Ryne Smith</u>

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















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

Herbicides N/A

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



CITY OF MOBILE
PHF STORAGE INSPECTION CHECKLIST

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

General/Maintenance
Any signs of an illicit discharge? [] Yes [x] No
If Yes, describe, report and initiate Illicit Discharge Investigation:
Trash or floatables present: [] Yes [x] No
Trash and waste products removed and properly disposed: [x] Yes [] No
Work areas, loading areas, storage areas neat and clean: [x] 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
MUNICIPAL FACILITY INSPECTION CHECKLIST**

Facility Name: <i>Traffic Engineering/Electrical</i>	Address: <i>852 Gayle St.</i>
Contact Name: <i>Jennifer White</i>	Title: <i>Traffic Engineering Director</i>
Phone #: <i>251-208-2965</i>	Date of Inspection: <i>9-1-22</i>

Facility Type		
<input type="checkbox"/> Public Building	<input type="checkbox"/> Parks/Cemetery	<input type="checkbox"/> Public Works
<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Towing Yard:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Storm Water Contact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Sediment and Erosion:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Storage and Handling:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Exposed Processes:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fueling Site:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Exposed Chemicals:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Leaks and Spills:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Hazardous Waste/Materials:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Vehicle Washing:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Vehicle Maintenance:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Equipment Washing:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Equipment Maintenance:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does facility discharge/connect to MS4?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does water from facility discharge to street?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does water from facility discharge to drainage ditch, creek, or river?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the facility been inspected by the State?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Were there deficiencies noted by the State?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Describe if applicable: <i>N/A</i>					
Has the facility reported any recent violation?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Describe if applicable: <i>N/A</i>					
Comments: <i>Storm water contact limited to Traffic Engineering + Electrical vehicles, stockpiles consist of metal light poles + other associated materials.</i>					

Storm Water BMP Plan Inspection	
Storm Water BMP Plan Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	



CITY OF MOBILE
MUNICIPAL FACILITY INSPECTION CHECKLIST

SPCC Inspection

SPCC Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <i>N/A</i>	

Records Reviewed

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

Facility Inspection

<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Storm drain inlets and catch basins inspected and cleaned
<input type="checkbox"/> Grading and paving area to prevent runoff	<input checked="" 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 checked="" type="checkbox"/> Use of trash receptacle
<input type="checkbox"/> Use of drip pans under vehicles/equipment	Poor/Fair/ <u>Good</u> /Excellent BMPs observed (circle one)
Other Storm Water contact: <i>N/A</i>	
Comments: <i>Facility appeared to be in good condition at the time of inspection. Facility should continue to focus on good housekeeping.</i>	

Inspected By: *Ryne Smith , Brian Mabry*

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







