Stormwater Facility Operation and Maintenance Inspection Report

General	
SITE NAME	ADDRESS
DATE AND TIME OF VISIT	REASON FOR INSPECTION (e.g. routine/annual, follow-up, or response to complaint)

Review of Stormwater Control Operation and Maintenance Plan	
Was the on-site copy of the Plan available on request? ❑ YES ❑ NO	SECTIONS OUT OF DATE AND UPDATES NEEDED: ❑ Owner contact Information ❑ Information on changes to facilities ❑ Records of previous inspections ❑ Other: If other, please specify.
Date of last update to Plan: MM DD YYYY ____/____/_____	

MAINTENANCE LOGS: ❑ Consistent with maintenance schedule in Plan. ❑ Not consistent with maintenance schedule (note exceptions):

Comments

Results of Site Inspection	
Overall condition of site and any exceptional circumstances:	
LIST STORMWATER FACILITIES INSPECTED (Use designations/IMP #s from Plan) _____ _____ _____ _____ _____ _____ _____ _____ _____	ITEMS INSPECTED AND EXCEPTIONS NOTED:

Compliance Summary and Recommended Follow-up	
SITE STATUS: ❑ In compliance—no corrective actions required. ❑ In compliance—Implement corrective actions. ❑ Not in compliance—Correct and reinspect.	FOLLOW-UP PLAN AND SCHEDULE: Follow-up plan INSPECTOR: DATE: