



CITY OF TIFFIN, OHIO CONSTRUCTION SITE RUNOFF CONTROL STORM WATER SITE INSPECTION FORM

(1) GENERAL INFORMATION			
Project Name:		Construction Site Runoff Control Permit No.:	
Date and Time of Inspection:			
Inspector Name:			
Present Phase of Construction:			
Inspection Reason: <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Project Closeout <input type="checkbox"/> Follow-up <input type="checkbox"/> Other:			
(2) WEATHER INFORMATION			
Has there been a measurable storm event (0.25" or greater in 24 hours) since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Storm Start Date and Time:		Approximate Amount of Precipitation (in):	
Storm Duration (hrs):			
Weather at time of this inspection:		Temperature:	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain		<input type="checkbox"/> Sleet	
<input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> Sleet		<input type="checkbox"/> Other:	
Are there any storm water discharges at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe:			
Have any land-disturbing activities occurred outside of the approved SWPPP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe:			
(3) STORM WATER CONTROL MEASURES			
BMP/ Control Measure <small>*List all that appear on the approved SWPPP</small>	BMP Installed?	Maintenance Required?	Corrective Action Needed <small>*Initial date when Corrective Action was taken</small>
(1) Construction entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Silt fence/Perimeter controls	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Inlet protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Stockpile protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Trash/litter containment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(6) SWPPP on site	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(7) Discharge points free of sediment deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(8) Non-active disturbed areas stabilized	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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STORM WATER CONTROL MEASURES (continued)			
BMP/ Control Measure <small>*List all that appear on the approved SWPPP</small>	BMP Installed?	Maintenance Required?	Corrective Action Needed <small>*Initial date when Corrective Action was taken</small>
(9) Washout facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(10) Leak/spill protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(11) Inspection reports available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(12) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(13) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(14) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(15) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(16) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(17) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(18) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(19) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(20) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes/Comments: