



SWPPP Construction Site Self Inspection Report



General Information				PERMIT No.	
Project Name			Renewal Date		
Project Location					
Permittee's Name			Company		
Permittee's Email			Phone No.		Mobile No.
Inspector's Name			Company		
Inspector's Email			Phone No.		Mobile No.
Describe the present phase of construction					
Inspection Date		Day	Time Start/Stop		
Type of Inspection: <input type="checkbox"/> Weekly <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event (By the end of the next business day)					
Weather at time of this inspection? <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:					
Has there been a rain event (>.5") since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information below: Date: _____ Time: _____ Duration (hrs): _____ Approx. Amount of Rain (in): _____					
Are there any discharges at the time of this inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information below:					
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information below:					

Site-specific BMPs: Number the structural and non-structural BMPs identified in your SWPPP on your site map and list them below (add as many BMPs as necessary). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required BMPs at your site. Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log. Customize as needed.

	BMP/Activity	Installed Correctly?	Maint. Required?	Corrective Action Needed and Notes
1	NOI Posted On-Site	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2	Construction Drives	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3	Inlet Protection	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4	Perimeter Controls Sediment Barriers	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5	Washout Facilities (Including signage)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6	Temporary/Permanent Stabilization (Seeding/Mulching)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7	Vehicle/Equipment Containment/ Leaks/Spills	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8	Trash/Litter	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



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9		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Comments and/or describe any incidents of non-compliance not listed above (use another page if necessary):

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name: _____ Signature: _____ Date: _____