

## MUNICIPAL FACILITY BMP INSPECTION CHECKLIST

**Facility Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Department:** \_\_\_\_\_ **Facility Contact:** \_\_\_\_\_  
**Inspection Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Inspector:** \_\_\_\_\_

	Yes	No	N/A	Comments
<b>Overall Facility</b>				
Work areas clear of trash, chemicals				
Traffic routes clear of trash, chemicals				
Fencing, gating, or lighting is functional				
Spill control supplies fully stocked				
Signs of erosion in vegetated areas				
<b>Interior Chemical Storage</b>				
Materials stored in designated locations				
SDS sheets available				
Containers labeled				
Containers stored away from driving lanes, aisles, or doorways				
Accumulated liquids in spill pallets				
<b>Waste Storage Area</b>				
Waste containers labeled				
Containers stored away from driving lanes, aisles, or doorways				
Waste containers closed when material is not being added				
Waste containers over 3/4 full				
Accumulated liquids in spill pallets				
Spill control supplies fully stocked				
<b>Driving and Parking Areas</b>				
Stains or puddles of chemicals present				
<b>Vehicle Wash Areas</b>				
Foam or sheen present				
Staining present at the facility outfall(s)				
<b>Other</b>				