**Construction Site Inspection Report** ITD 2786 (Rev. 09-12)

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| **General Information** |
| Key Number | Project Name |
|       |       |
| Project Location (city or county) | Prime Contractor |
|       |       |
| Inspection No. | Inspection Date | Inspector’s Name | Inspector’s Title | Inspector’s Cell Phone No. |
|       |       |       |       |       |
| Describe Present Phase Of Construction |
|       |
| Type of Inspection |
| [ ]  Regular [ ]  Pre-storm event [ ]  During storm event [ ]  Post-storm event |

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| **Weather Information** |
| Has there been a storm event since the last inspection? [ ]  Yes [ ]  No If yes, provide the following |
| Storm Start Date | Time | Approximate Amount of Precipitation (in) |
|       |       |       |
| Weather at Time of This Inspection |
| [ ]  Clear [ ]  Cloudy [ ]  Rain [ ]  Sleet [ ]  Fog [ ]  Snowing [ ]  High Winds [ ]  Other       Temperature        |
| Have any discharges occurred since the last inspection? [ ]  Yes [ ]  No If Yes, Describe |
|       |
| Are there any discharges at the time of inspection? [ ] Yes [ ]  No If Yes, Describe |
|       |

**Site-specific BMPs**

* Number the structural and non-structural BMPs identified in your ESCP 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 or BMP maintenance initiated, and give the date completed.

|  | BMP | BMP Installed | BMP Maintenance Required | Corrective Action Needed and Notes |
| --- | --- | --- | --- | --- |
| Yes | No | Yes | No |
| 1 |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
| 2 |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
| 3 |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|    |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |

**Overall Site Issues**

Below are some general site issues that should be assessed during inspections. Customize this list as needed for conditions at your site. For Items 1-6 indicate N/A where applicable.

|  | BMP/Activity | (Items1-6 only)N/A | Implemented | Maintenance Required | Corrective Action Needed and Notes |
| --- | --- | --- | --- | --- | --- |
| Yes | No | Yes | No |
| 1 | Are all slopes and disturbed areas not actively being worked properly stabilized? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 2 | Are natural resource areas (e.g., streams, wetlands, mature trees, etc.) protected with barriers or similar BMPs? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 3 | Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 4 | Are discharge points and receiving waters free of any sediment deposits? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 5 | Are storm drain inlets properly protected? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 6 | Is the construction exit preventing sediment from being tracked into the street? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 7 | Is trash/litter from work areas collected and placed in covered dumpsters? | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 8 | Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 9 | Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 10 | Are materials that are potential stormwater contaminants stored inside or under cover? | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 11 | Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled? | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 12 | (Insert Other if Applicable) | [ ]  | [ ]  | [ ]  | [ ]  |       |

**General Comments** - Provide any comments on site conditions not adequately described above

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**Certification Statement**

By signing below 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.

|  |  |
| --- | --- |
| Printed Name | Title |
|       |       |
| Signature | Date |
|  |  |