**Construction Inspection Checklist** 

Proje	ct Name:							
Date:	Date:			Start / End Time:				
Project No.:			NPDES Permit # (if any):					
Name	e of Inspector's Firm:			_				
Name of Inspector: Phone Number:								
On-si	On-site Representative:			Phone Number:				
Weather Conditions:								
Type of Inspection (check one): Initial Weekly Monthly Final Follow-up Other:								
Inspection Items		Yes	No	N/A	Comments			
1.	Are previously noted deficiencies corrected?							
2.	Is there approval to connect to the MS4 and/or make changes to the storm drain system?							
3.	Are the applicable regulatory permits and updated SWPPP available on-site?							
4.	Are personnel at the site aware of applicable BMPs and the location of the BMP Plan?							
5.	Are contractor self-inspections performed as required in HAR 11-55, App C or at least every 7 days?							
6.	Are spill kits available on-site and spills promptly removed?							
7.	Are all slopes and disturbed areas not actively being worked properly stabilized?							
8.	Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained?							
9.	Are discharge points and receiving waters free of any sediment deposits or other signs of illicit discharge?							
10.	Are storm drain inlets and waterways properly protected?							
11.	Is the construction exit preventing sediment from being tracked into the street?							
12.	Is trash/litter from work areas collected and placed in covered dumpsters?							
13.	Are proper washout facilities (i.e. paint, concrete) available, clearly marked, and maintained?							
14.	Are materials that are potential storm water contaminants stored inside or under cover?							
15.	Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or other deleterious material?							
16.	Are non-storm water discharges (i.e. wash water, dewatering) properly controlled?							
17.	Was herbicide, pesticide, or fertilizer used at the site since the previous inspection?							
17b	If so, keep the usage log on-site and in the comments section of this form record date, quantity used, location, and BMPs used (refer to SWMPP Section E).							

List RMPs from the SWPPP and whether they are properly implemented and maintained

BMP	Implemented		Maintained		Comments		
	Yes	No	Yes	No			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
Additional Comments:							

 $<sup>{}^{*}\</sup>text{Use}$  additional paper if the number of BMPs exceeds the space allotted.

Description of Potential Non-Compliance:
NOTE: Per HNL's Small MS4 Permit, HIS000005 and SWMP Section C.
Critical Deficiencies. Must be corrected by the <b>close of business on the day of the inspection</b> . Defined as those that pose an immediate threat for discharge of pollutants to a storm drain or receiving water. Examples include: non-storm water discharge, absence of perimeter controls, spills that have not been cleaned near a drain or waterway.
Major Deficiencies. Must be corrected as soon as possible, but no later than <b>5 calendar days following the inspection</b> . Defined as those that pose a significant threat for discharge of pollutants to a storm drain or receiving water. Examples include: lack of NPDES permit (if required), lack of BMP plan, perimeter BMPs are not functional, dewatering without BMPs, tracking more than 50' from ingress/egress.
Minor Deficiencies. Must be corrected by date specified by inspector. Defined as those that do not pose a threat for the discharge of pollutants; however still violate regulations or procedures.
Check box if:
No incidents of potential non-compliance were found, and I certify that this inspection found this site to be in full compliance with both the HNL Storm Water Management Program Plan and applicable permits. All items must be checked "Yes" to be considered in full compliance.
Incidents of potential non-compliance were found and discussed with Site Manager. If any items were checked "No" then this box must be checked. Document any incidences of non-compliance with photograph(s) and description of the non-compliance(s).
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designated 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. It 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: