

Appendix A: Sample Maintenance Log (see Page 17)
Control Measure Maintenance Records (copy information below for each control measure)
Control Measure:
Regular Maintenance Activities:
Regular Maintenance Schedule:
Date of Action:
Reason for Action: <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Discovery of Problem
If Problem,
- Description of Action Required:
- Date Control Measure Returned to Full Function:
- Justification for Extended Schedule, if applicable:
Notes:
Industrial Equipment and Systems Maintenance Records (copy information below for each industrial equipment/system)
Industrial Equipment/Systems:
Regular Maintenance Activities:
Regular Maintenance Schedule:
Date of Action:
Reason for Action: <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Discovery of Problem
If Problem,
- Description of Action Required:
- Date Industrial Equipment Returned to Full Function:
- Justification for Extended Schedule, if applicable:
Notes:

Locations inspected

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Condition of Outfalls

Observations must be made at areas where stormwater associated with industrial activity is discharged off-site (add more rows if necessary)

	Discharge outfall	Inspected?	Adequate condition?	Corrective Action Needed and Notes
1	001A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	002A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	003A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	003A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Corrective Action

Provide a summary report and a schedule of implementation of the corrective actions that the permittee has taken or plans to take if the site inspection indicates that the site is out of compliance

Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION AND COMPLIANCE STATEMENT

In the judgment of either 1) the person conducting the site inspection, or 2) the permittee or duly authorized representative, the facility is in compliance with the terms and condition of the Industrial Stormwater Permit, with respect o Part I.G.2 (Page 20, Inspection Scope): Yes No

“I certify that this report is true, accurate, and complete, to the best of my knowledge and belief.”

Inspector: Print name and title

Signature: _____ **Date:** _____

Permittee or Duly Authorized Representative: Print name and title

Signature: _____ **Date:** _____

