

Spill Prevention, Control and Countermeasure Plan  
Stormwater Pollution Prevention Plan

**CERTIFICATION OF ANNUAL COMPREHENSIVE SITE EVALUATION**

Date	Time	For Calendar Year
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**INSPECTION GUIDANCE**

- Form must be completed in its entirety and must be signed by inspector.
- Conduct a site compliance evaluation once per year.
- Complete the following questionnaire in its entirety.
- Revisions to the Pollution Prevention Plan, if deemed necessary, must be completed within 30 days of the inspection.
- Implementation of any necessary changes must occur in a timely manner, but no more than 90 days of the inspection.

**RETAIN THESE RECORDS UNTIL JUNE 1, 2020**

1. Were all storm water outfalls and drainage areas inspected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No - <i>attach explanation</i>
2. Is there evidence of pollutants entering the drainage system?	<input type="checkbox"/> Yes - <i>attach explanation</i>	<input type="checkbox"/> No
3. Are the measures used to reduce pollutants entering drainage system effective?	<input type="checkbox"/> Yes	<input type="checkbox"/> No - <i>attach explanation</i>
4. Are additional measures needed?	<input type="checkbox"/> Yes - <i>attach explanation</i>	<input type="checkbox"/> No
5. Were all stormwater BMPs observed? (refer to Table 2-2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No - <i>attach explanation</i>
6. Were all stormwater BMPs operating properly? (refer to Table 2-2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No - <i>attach explanation</i>
7. Was all equipment needed to implement the plan, such as response equipment, inspected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No - <i>attach explanation</i>

**Comments**

**USE BACK OF FORM FOR ADDITIONAL COMMENTS**

**CERTIFICATION**

I certify 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 gather and evaluate 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.

Name (please print)

Title

Signature

Date

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Additional Comments