

**Spill Prevention, Control and Countermeasure Plan  
Stormwater Pollution Prevention Plan**



**RECORD OF QUARTERLY INSPECTION**

<b>Quarter</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Date</b>				<b>Time</b>

**INSPECTION GUIDANCE**

- At least one member of the Pollution Prevention Team must be present during inspections.
- Form must be completed in its entirety and must be signed by inspector.
- Upon discovery of water in a tank, secondary containment area, or spill container, remove promptly or take other corrective action. Before discharge to the environment, inspect the liquid for regulated products or other contaminants and dispose of it properly.
- Non-conforming items important to tank or containment integrity require evaluation by an engineer experienced in AST design, a certified inspector, or a tank manufacturer who will determine the corrective action. Note the non-conformance and corresponding corrective action in the comment section.

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

**WEATHER INFORMATION** NOTE: ONE INSPECTION PER CALENDAR YEAR MUST BE DURING STORMWATER DISCHARGE

Describe weather conditions?       Sunny                       Cloudy                       Raining

Other (Describe) \_\_\_\_\_

Was stormwater flowing at outfalls during the inspection?       Yes                       No  
Refer to SPCC/SWPP for location of outfalls.

**Any item marked "No" requires additional information to describe the condition and date the condition is corrected.**

ITEM	STATUS	COMMENTS
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**MAINTENANCE SHOP**

**Tank and Tank Containment**

Tank(s) Inspected

1	Tank surfaces free of dents, pits, cracks, rust, or other damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Primary tank and secondary containment free of water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Area around tank/container, containment, piping, and ground free of visible signs of leakage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Tank/container area free of suspicious or unusual petroleum odors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Access to fill components locked or otherwise secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Tank piping free of dents, pits, cracks, rust, or other damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	All tank/container openings properly sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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ITEM		STATUS	COMMENTS
<b>Shop Interior/Exterior</b>			
8	Shop interior and exterior areas free of debris or fire hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Shop interior and exterior areas free of visible signs of leakage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Drums and containers of fluids stored with proper cover and containment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Exteriors of containers kept outside free of deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Best Management Practices (BMPs)</b>			
12	All applicable BMPs being implemented? (Refer to list below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Each BMP effective in controlling pollutant source for which it was designed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OIL/WATER SEPARATOR</b>			
14	Evidence of sheen or odor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Tank sump dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>BUS WASH RACK</b>			
16	All wash water captured and properly disposed of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	Areas free of debris or fire hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Best Management Practices (BMPs)</b>			
18	All applicable BMPs being implemented? (Refer to list below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Each BMP effective in controlling pollutant source for which it was designed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FUELING STATION</b>			
20	Dispenser cabinet/piping (valves, fittings, hose, filter, nozzle, sumps, connections, pumps, etc.) free of visible leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	Dispenser components free of dents, pits, cracks, rust, or other damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**BEST MANAGEMENT PRACTICES**

- Spot clean leaks/drips routinely to prevent runoff of spillage.
- Use drip pans to collect leaks.
- Use dry clean-up methods rather than hosing down area.
- Discourage “topping off” when refueling.
- Confine vehicle/equipment washing to designated area(s).
- Avoid loading/unloading materials in the rain.
- Inspect area regularly to detect problems before they occur.

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22	Fueling area free of debris or fire hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	Fueling area free of visible signs of leakage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Best Management Practices (BMPs)</b>			
24	All applicable BMPs being implemented? (Refer to list below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Is each BMP effective in controlling pollutant source for which it was designed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>BUS/VEHICLE PARKING AREAS (INCLUDING AREAS AWAITING MAINTENANCE)</b>			
26	Areas free of debris or fire hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27	Areas free of visible signs of leakage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Best Management Practices (BMPs)</b>			
28	All applicable BMPs being implemented? (Refer to list below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29	Is each BMP effective in controlling pollutant source for which it was designed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SPILL RESPONSE MATERIAL</b>			
30	Spill Kit(s) located in designated area(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31	Spill kits properly stocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32	Contaminated absorbent materials properly disposed of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NON-STORMWATER DISCHARGES</b>			
33	All areas free of non-stormwater discharges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>GENERAL</b>			
34	SPCC/SWPP Facility Site Map current and accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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**CORRECTIVE ACTIONS**

Describe any corrective actions that will be implemented as a result of this inspection (i.e., non-stormwater discharge, inadequate/inoperable control measures, design change). Indicate the date that these corrective actions were implemented.

CORRECTIVE ACTION NEEDED	REASON	DATE IMPLEMENTED

**Additional Comments**

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**INSPECTOR SIGNATURE**

Name (please print)

Title

Signature

Date