

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



RECORD OF QUARTERLY INSPECTION

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

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 Containers

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

ITEM		STATUS	COMMENTS
Shop Interior/Exterior			
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	
Best Management Practices (BMPs)			
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	
OIL/WATER SEPARATOR			
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	
VEHICLE WASH AREA			
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	
Best Management Practices (BMPs)			
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	
FUELING STATION			
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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Any item marked "No" requires additional information to describe the condition and date the condition is corrected.

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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	

Best Management Practices (BMPs)

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	

VEHICLE PARKING AREAS (INCLUDING AREAS AWAITING MAINTENANCE)

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	

Best Management Practices (BMPs)

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	

SPILL RESPONSE MATERIAL

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	

NON-STORMWATER DISCHARGES

33	All areas free of non-stormwater discharges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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GENERAL

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

INSPECTOR SIGNATURE

Name (please print)

Title

Signature

Date
