

NMDOT
Good Housekeeping/Pollution Prevention Inspection Form

FACILITY INFORMATION							
FACILITY NAME:				FACILITY TYPE:			
ADDRESS:				FACILITY CONTACT:			
CITY:		STATE:		ZIP:		PHONE:	
CONTACT PERSON(S) AND TITLE(S):						EMAIL:	
PHONE:				EMAIL:			
PHONE:				EMAIL:			
AUDITOR INFORMATION							
LEAD AUDITOR:				SITE VISIT DATE:		SITE VISIT TIME:	
AUDITOR:							
FACILITY ACTIVITIES				STORED ONSITE CHEMICALS			
Activity	Yes	No	Subcontract to:	Material	Quantity	Container	Stormwater Exposure?
Maintenance							
Equipment Maintenance							
Vehicle Maintenance							
Other Maintenance							
Painting							
Equipment Painting/Stripping							
Vehicle Painting/Stripping							
Other Painting/Stripping							
Cleaning							
Vehicle Washing							
Equipment Degrease/Washing							
Other Washing							
Storage							
Oil & Haz Chemical Storage							
Vehicle Storage							
Equipment Storage							
Salt/Sidewalk Deicers							
Handling & Disposal of Waste & Materials							
Haz-Mat/Waste Generation							
Solid Waste Generation							
Pet/Animal Waste							
Fuel Storage and Delivery							
Vehicle Fueling							
Equipment Fueling							
Fuel Storage							
Tanks (UST/AST)							
Building and Grounds Maintenance							
Floor Wash Down							
Landscape Maintenance							
Pest / Weed Control							
Sidewalk/Pavement Anti-icing							
Other							

Pollutant Impacts:

- Sediment
 Nutrients
 Bacteria/Viruses
 Oil/Grease
 Metals
 Organics
 Pesticides
 Gross Pollutants
 Vector Production
 Oxygen Demanding Substances

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1.0 DOCUMENTATION	Comments
Facility Inspections and Maintenance Documentation	
1.1 Facility-Specific SWPPP Available <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQ'D	
1.2 Facility Map Available <input type="checkbox"/> YES <input type="checkbox"/> NO	
1.3 Has submitted a NOI and has NPDES Tracking No (Status of Permitting). <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQ'D	
1.4 Retain waste generation and disposal documentation <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQ'D	
1.5 Activities inspected for non-stormwater discharges <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOC	
1.6 Routine Facility Inspections Performed <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOC	
1.7 Other (Submission of Annual Report to EPA):	
Training	
1.8 Stormwater training for all applicable employees <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOC	
1.9 Waste management training <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOC	
1.10 Fuel spill response training <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOC	
1.11 Herb/Pesticide Application Certification/Training <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOC	
1.12 Other: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOC	
Other Documentation	
1.13 Do you have cumulative 1,320 aboveground fuel/oil storage? If yes, do you have an SPCC Plan? Date of Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOC	
REQUIRED ACTION(S): <input type="checkbox"/> NONE	
2.0 GENERAL HOUSEKEEPING	Comments
2.1 Exposed areas clean and orderly <input type="checkbox"/> YES <input type="checkbox"/> NO	
2.2 Biodegradable or less hazardous products used where possible? (i.e. citrus based products) <input type="checkbox"/> YES <input type="checkbox"/> NO	
2.3 Material inventory limited <input type="checkbox"/> YES <input type="checkbox"/> NO	
2.4 Signs posted near outdoor hose bibs listing use restrictions <input type="checkbox"/> YES <input type="checkbox"/> NO	
REQUIRED ACTION(S): <input type="checkbox"/> NONE	
3.0 SPILL PREVENTION	Comments
3.1 Spill Response Plan posted & current <input type="checkbox"/> YES <input type="checkbox"/> NO	
3.2 Spill kits located where spills are probable to occur <input type="checkbox"/> YES <input type="checkbox"/> NO	
3.3 Spill kits stocked with appropriate materials <input type="checkbox"/> YES <input type="checkbox"/> NO	
3.4 Spill(s) or staining observed <input type="checkbox"/> YES <input type="checkbox"/> NO	
3.5 Drip pans/ spill mats/ booms used <input type="checkbox"/> YES <input type="checkbox"/> NO	
3.6 Collected spill materials properly disposed <input type="checkbox"/> YES <input type="checkbox"/> NO	
3.7 Spill History <input type="checkbox"/> YES <input type="checkbox"/> NO	
REQUIRED ACTION(S): <input type="checkbox"/> NONE	

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8.0 BUILDING & GROUNDS MAINTENANCE		Comments
Building Maintenance <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUB:		
8.1 Building maintenance waste disposed of properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.2 Interior floor cleaning water properly disposed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.3 Indoor oil/water separator maintained	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.4 Fire fighting foam deluge system tested and maintained, if applicable	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.5 Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Grounds Maintenance <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUB:		
8.6 Landscaping waste properly disposed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.7 Exterior ground surfaces cleaned properly	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.8 Use of pesticide, herbicide and fertilizer minimized	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.9 Records for pesticide/herbicide use?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.10 Landscaping provided for erosion control	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.11 Outdoor oil/water separator maintained	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.12 Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Storm Drains		
8.13 Storm drains clean and free of debris	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.14 Storm drains labeled "no dumping, drains to river"	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.15 Stormwater control devices maintained (e.g., hay bales, basins)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.16 Catch basins clean and maintained	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.17 Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
REQUIRED ACTION(S): <input type="checkbox"/> NONE		
9.0 SIDEWALK / ROAD DEICING		Comments
9.1 Does tenant perform sidewalk deicing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.2 Does tenant perform roadway deicing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.3 Salt storage areas are protected from stormwater?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.4 Tracks annual volume of salt used?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
REQUIRED ACTION(S): <input type="checkbox"/> NONE		
10.0 NON-STORMWATER DISCHARGES OBSERVED		Comments
10.1 Evidence of illicit discharges and improper disposal (i.e. wash waters, waste water, chemicals, etc)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.2 Irrigation runoff	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.3 Building condensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.4 Other (NPDES permits):	<input type="checkbox"/> YES <input type="checkbox"/> NO	
REQUIRED ACTION(S): <input type="checkbox"/> NONE		
11.0 MISCELLANEOUS WASTES		Comments
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUB:		
11.1 Animal wastes generated	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11.2 Kitchen/food wastes generated	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11.3 Waste removed on a regular basis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11.4 Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
REQUIRED ACTION(S): <input type="checkbox"/> NONE		

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12.0 VEHICLE AND EQUIPMENT CLEANING				
Wash the following? (3.1)	Dry-Wash	WET-WASH		Other / Comment
		Inside	Outside in Permitted Area	
Vehicles <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUB:				
Equipment <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUB:				
Other: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUB:				
Washing areas permitted <input type="checkbox"/> YES <input type="checkbox"/> NO				
13.0 VEHICLE AND EQUIPMENT STORAGE				
Store the following? (4.1)	Inside	OUTSIDE		Other / Comment
		Under Cover	Away from Drains	
Vehicles <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUB:				
Equipment <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUB:				
Other: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUB:				
Storage areas maintained <input type="checkbox"/> YES <input type="checkbox"/> NO				
14.0 DESCRIPTION OF STORM WATER DRAINAGE				
15.0 DESCRIPTION OF EXISTING STRUCTURAL BMPS AND CONDITION				
INSPECTION SUMMARY				
Major Non-Compliance Issues (Immediate threat to stormwater)				
Minor Non-Compliance Issues (potential threat to stormwater/documentation)				
INSPECTOR SIGNATURE			Time Complete	Contact Initials
Name:	Signature:			
Name:	Signature:			