

Monthly Winter Deicing Routine Facility Inspection

1. Facility Name: _____ Date: _____ Time: _____

Inspector Name: _____ Permit #: _____

2. General Weather Conditions: _____

3. Is Site Compliant? Yes No If yes, continue to Part 5. If no, complete Part 4.

Note: Inspect the following areas that apply to your facility: fueling, deicing, washing, mineral extraction, waste, areas with leaking equipment, and previous spill locations, discharge points

4. The following Best Management Practices (BMPs) require adjustments: _____

These are the additional BMPs needed: _____

The following corrective action(s) will be taken: _____

5. Compliance Statement:

I certify under penalty of law 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: _____

Signature: _____

Date: _____