



Construction Site BMPs Inspection Checklist For CCH Category 1A, 1B, 2, 3, and 4 and Trenching Projects

General Information

Project Name: _____ Date: _____
 Location: _____ TMK: _____ - _____ - _____ : _____
 Project Manager: _____ Phone #: _____ Email: _____
 Contractor: _____
 Authorized Representative: _____ Title: _____
 Phone #: _____ Email: _____

1. City Permit Building #: _____ Exp. Date: _____ Grading #: _____ Exp. Date: _____
 (check all that apply) Grubbing #: _____ Exp. Date: _____ Stockpiling #: _____ Exp. Date: _____
 Trenching #: _____ Exp. Date: _____

2. Other Permits (list all): _____

Inspection Type

Regular Weekly Inspection Re-Inspection

Project Phase (check all that apply)

Mobilization / Demolition Grubbing / Clearing Rough Grading Infrastructure / Utilities
 Building Construction Final Grading Final Stabilization

Records Review (If "No" is checked for any of the following columns, complete Deficiencies / Corrective Action Report on page 3.)

	Available at Site	Complete, Signed, and Current
Pre-Construction Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weekly or Monthly Construction Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion and Sediment Control Plan (ESCP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Construction BMP Inspection Results (Mark the BMPs that are required per Plan for each column)

Construction BMP	Installed / Maintained	Number of Deficiencies
Erosion Prevention		
<input type="checkbox"/> Project Planning and Design	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Project Scheduling	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Slope Management and Protection	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Temporary Stabilization	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Permanent Stabilization	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Diversion BMPs to divert runoff from upstream areas around disturbed areas	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Velocity Dissipation Devices	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Other:	<input type="checkbox"/> Y <input type="checkbox"/> N	

Construction BMP	Installed / Maintained	Number of Deficiencies
Sediment Control		
<input type="checkbox"/> Inlet and Storm Drain Protection	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Perimeter Control	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Other:	<input type="checkbox"/> Y <input type="checkbox"/> N	

Construction BMP	Installed / Maintained	Number of Deficiencies
Good Housekeeping		
<input type="checkbox"/> BMP and Site Maintenance	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Dust Control	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Material Delivery, Storage, and Use BMPs	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Stockpiling Management	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Spill Prevention and Control	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Solid Waste Management	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Hazardous Waste Management	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Contaminated Soil Management	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Concrete Waste Management	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Sanitary / Septic Waste Management	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Liquid Waste Management	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Vehicle & Equipment Cleaning	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Vehicle & Equipment Fueling	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Vehicle & Equipment Maintenance	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Vehicle Tracking Control	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Stabilized Construction Entrance and Exit	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Dewatering Operations BMPs.	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Other:	<input type="checkbox"/> Y <input type="checkbox"/> N	

Deficiencies / Corrective Action Reports <i>(attach additional pages as needed)</i>	
Photo # 1	Photo # 2
Taken By: _____ Date: _____	Taken By: _____ Date: _____
Description: _____	Description: _____
Comments: _____	Comments: _____
Status: _____ Priority: _____	Status: _____ Priority: _____
Corrected by (initials) _____ Date: _____	Corrected by (initials) _____ Date: _____
Comments: _____	Comments: _____