

Stormwater Operation and Maintenance Plan Annual Evaluation

Facility Name: _____ Date of Evaluation: _____

Completed by: _____

INSPECTION PROCEDURES

Were all inspections completed on time? YES NO

Were all components of the storm water system accessible for each inspection? YES NO

Were all inspections documented? YES NO

If no was marked for any of the above, explain here:

Recommended changes to plan:

MAINTENANCE PROCEDURES

Was all routine maintenance completed as scheduled? YES NO

Was corrective maintenance addressed within the timeframe specified in the plan? YES NO

Were emergency maintenance procedures effective? YES NO N/A

Was all maintenance that was completed adequately documented? YES NO

If no was marked for any of the above, explain here:

Recommended changes to plan:

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WASTE HANDLING PROCEDURES

Were all maintenance wastes disposed of according to applicable rules? YES NO

Were adequate records kept about when, where and how much waste material was disposed? YES NO

If no was marked for any of the above, explain here:

Is trash/debris a consistent problem? YES NO If yes, explain:

Recommended changes to plan:

TRAINING

Was training of responsible persons completed this year? YES NO

Was the level of training adequate for the work that was expected to be performed? YES NO

Were all training activities documented? YES NO

If no was marked for any of the above, explain here:

Recommended changes to plan:

Anything else?