

# Monthly Inspection Report

*Inspection performed by qualified personnel at least once per month*

Project Information	
Date:	Project Name:
Project Location:	
Inspection Observations	
Rainfall within past 24 hours (inches):	Is rainfall greater than 0.5"? Inspection Required <input type="checkbox"/>
Inspection Observations	
Areas that have undergone final stabilization: Are all permanent stabilization controls contained in Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the location(s) of deficiencies and corrective actions that must be taken.	
Other observations: Are pollutants entering the drainage system or receiving waters? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the location(s) and the corrective actions that must be taken.  Are all erosion and sediment control measures operating properly? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the location(s) and the corrective actions that must be taken.	
Other Observations	
Is an Erosion, Sedimentation and Pollution Control Plan revision required? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of revision:	
Corrective Actions and Date:	

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Signature of Qualified Personnel

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Printed Name of Qualified Personnel