Monthly Non-Storm Water Discharge Inspection Report Form

Industrial Activity Storm Water Discharge General Permit Compliance

2026 - 2027

Prepared For Schools Insurance Authority Transportation Maintenance Facilities Group

District name and facility address:

Date:_____ Time:_____(a.m.)(p.m.)

The purpose of this inspection form is to record the monthly visual observations of the Facility and the BMP inspections.

I. Visual Observations

Location	Discharge Observed?		Odor of Discharge								Color of Discharge									Turbidity of Discharge					Floatables in Discharge					Deposits/Stains on Ground Surface					
	No	Non-Storm Water	Musty	Sewage	Sulfur	Sour Milk	Oily	None	NA	Other	Red	Yellow	Brown	Green	Gray	Rainbow	None	NA	Other	Cloudy	Opaque	Suspended Solids	Clear	NA	Garbage/Sewage	Leaves/Twigs	None	NA	Other	Sediment	Garbage	Oil	Fuel	None	Other
1) Fueling Facility																																				
2) Vehicle/Bus Washing & Steam Cleaning																																				
3) Maintenance Shop																																				
4) Materials Storage - 1																																				
5) Materials Storage - 2																																				
6) Outfall #1																																				
7) Outfall #2																																				
8) Bus Parking																																				
9) Other																																				

II. BMPs In Place?																						
	(a)			(b)			(c)			(d)			(e)			(f)			(g)			Notes / Follow-up Requirements for all "No" answers
Location	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	
1) Fueling Facility																						
2) Vehicle/Bus Washing & Steam Cleaning																						
3) Maintenance Shop																						
4) Materials Storage 1																						
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6) Outfall #1																						
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8) Bus Parking																						
9) Other																						

(a) Good House Keeping?
(b) Secondary Containment?
(c) Drip Pans in Place?
(d) Metal Parts on Pallets & Covered?
(e) Dry Mop Stains as Needed?
(f) Spill Kit in Place?
(g) Oil/Water Separator or Sump in Working Order?

III. Certification	
Preparer's Name:	**Title:**
Signature:	**Date:**