



Monthly Inspection Checklist

(To be completed monthly up to month after construction is complete)

Project Name: _____

Project Location: _____

Developer: _____ Date: _____

(Printed Name)

Days since last rainfall: _____ Amount of rainfall (inches): _____

Part I – Site Status

- | | | | |
|--|-----|---------|------|
| 1. Area under construction: | All | Partial | None |
| 2. Area covered by temporary vegetation: | All | Partial | None |
| 3. Area covered by permanent vegetation: | All | Partial | None |

Part II – Temporary Vegetation

- Are there any washouts? Yes No
- Are there any bare spots? Yes No
- Is the growth healthy? Yes No
- List types of temporary vegetation used: _____
- Date new seeding shall be completed: _____

Part III – Permanent Vegetation

- Are there any washouts? Yes No
- Are there any bare spots? Yes No
- Is the growth healthy? Yes No
- List types of permanent vegetation used: _____
- Date new seeding shall be completed: _____

Part IV – Required Stabilization and Additional Comments

Required Stabilization: _____

Additional Comments: _____

Repairs to be performed by: _____

Required completion schedule: _____

Inspected By: _____ (Signature)