



Weekly Inspection Checklist

(To be completed every 7 days or within 24 hours of a rainfall event of 0.5 inches or more)

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 |
| 4. Additional comments: | _____ | | |

Part II – Temporary Vegetation

1. Are there any washouts? Yes No
2. Are there any bare spots? Yes No
3. Is the growth healthy? Yes No
4. List types of temporary vegetation used: _____
5. Date new seeding shall be completed: _____
6. Additional comments: _____

Part III – Permanent Vegetation

1. Are there any washouts? Yes No
2. Are there any bare spots? Yes No
3. Is the growth healthy? Yes No
4. List types of permanent vegetation used: _____
5. Date new seeding shall be completed: _____
6. Additional comments: _____

Part IV – Silt Fencing

- | | | |
|---|-----|----|
| 1. Is silt fence installed correctly? | Yes | No |
| 2. Are there any tears? | Yes | No |
| 3. Are there any loose spots? | Yes | No |
| 4. Are there any failures? | Yes | No |
| 5. Does the sediment height exceed 1/3 of fence height? | Yes | No |



6. Additional comments: _____

Part V – Sediment Basins/Sediment Traps

- | | | |
|--|-----|----|
| 1. Is the sediment buildup greater than or equal to the level identified on the sediment marker or is the level adversely affecting the operation of the sediment basin? | Yes | No |
| 2. Has sediment been removed from the sediment basin? | Yes | No |
| 3. Has the sediment basin been regarded properly? | Yes | No |
| 4. Have the sediment and debris that were removed from the trap/basin been properly disposed of? | Yes | No |
| 5. Have the sediment traps been cleaned? | Yes | No |
| 6. If not, is the level of sediment greater than or equal to 1/3 of the sediment trap capacity? | Yes | No |
| 7. Does the outlet structure/rock spillway have any damage or obstruction? | Yes | No |
| 8. Does the outlet area of the sediment trap/basin contain any erosion or sediment? | Yes | No |
| 9. Additional comments: _____ | | |
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Part VI – Other Erosion and Sedimentation Controls

- | | | |
|---|-----|----|
| 1. Is maintenance needed for Check Dams? | Yes | No |
| 2. Is maintenance needed for Rip Rap? | Yes | No |
| 3. Is maintenance needed for Storm Drain Outlet Protection? | Yes | No |
| 4. Is maintenance needed for Hay Bales? | Yes | No |
| 5. Are there any problems in the chemical and fuel storage areas? | Yes | No |
| 6. Additional comments: _____ | | |
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Inspected By: _____ (Signature)