



Environmental Health & Safety
Department

Storm Drain Inspection Form

EOSMS-406-1

Last Updated: 01/13/2014

Page 1 of 3

Location Information

Date:

Inspector:

Time:

Outfall ID:

Outfall Location:

Receiving Waterbody:

Source of flow: Groundwater Irrigation Condensate Residual stormwater unknown

Weather: Approximate Temp: Wind Present: Yes No

Precipitation in the past 3 days: Yes No

Flow: None Trickle Steady High

Color (if flow is present):

Inspection Information *Circle all that are applicable*

Obvious Debris/Pollution:

Odor:

Water Clarity:

None

None/Natural

Clear

Brownish Foam

Musty

Cloudy

Floating Green Scum

Sewage/septic

Opaque

Oil / Film/ Sheen

Organic Material (plant debris, dead animals)

Trash and Debris

White Foam

Sewage Material

Additional Information

Sediment in structure/channel: Open 1/4 Full 1/2 Full 3/4 Full Plugged

Sediment around grate: Yes Source: No

Structure Condition: Excellent Good Fair Poor



Environmental Health & Safety
Department

Storm Drain Inspection Form

EOSMS-406-1

Last Updated: 01/13/2014

Page 2 of 3

Trash/litter present in area: <input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion, slides, drilling on adjacent hillsides, ditch or channel sides: <input type="checkbox"/> Yes <input type="checkbox"/> No
Nearby activities that could impact stormwater quality or creek : <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes – describe)
Description of activities:
General Comments:
Actions Taken:
Follow up required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Specify on Corrective Action Sheet

CORRECTIVE ACTIONS

Location: _____

Date: _____

List all follow-up items identified during the inspection

Corrective Action	Initials	Date Completed



Environmental Health & Safety
Department

Storm Drain Inspection Form

EOSMS-406-1

Last Updated: 01/13/2014

Page 3 of 3
