

Opelika Facilities Review

- Quarterly Inspection Form -



Department managers, or individual(s) under their direction, shall inspect facilities with potential to pollute each quarter of the calendar year.

- Check "**OK**" if practices, devices, and operations are effectively functioning.
- Check "**ACTION NEEDED**" if improvements/repairs are needed to: practices, devices, or operations.

BUILDING OR FACILITY NAME: _____

GROUPS	OK	ACTION NEEDED
LITTER ROUTINELY REMOVED AND PROPERLY DISPOSED OF		
STORM INLETS ARE FREE OF TRASH AND/OR DEBRIS		
GARBAGE AND/OR RECYCLE BINS ARE FREE OF LEAKS		
OIL LEAKS OBSERVED FROM FACILITY		
OIL LEAKS IN PARKING LOT FROM VEHICLES/EQUIPMENT		
SOLVENTS ARE SAFELY STORED AND CONFINED FROM DRAINS		
GARBAGE AND/OR RECYCLE BINS ARE SECURED AND REGULARLY SERVICED		
LAWN AND PESTICIDE CHEMICALS ARE SAFELY STORED		

BUILDING(S)	OK	ACTION NEEDED
FIRE EXTINGUISHERS ARE CHARGED		
FACILITY HAS BEEN VIEWED FOR SPILLS AND PROPER DRUM STORAGE		
FLOOR DRAINS HAVE BEEN OVERSERVED AND EFFECTIVELY WORKING		
STORAGE ROOMS CHECKED FOR SPILLS		
CLEANING AGENTS OBSERVED AND PROPERLY STORED/SECURED		
FUELS HAVE BEEN SECURED AND STORED IN AN APPROVED CONTAINER		
HAZARDOUS MATERIALS HAVE BEEN SECURED		
OIL DRY OR OTHER ABSORBENTS AVAILABLE FOR SPILLS		
EMERGENCY EXITS ARE VISIBLE AND FREE OF OBSTRUCTIONS		
SPILL PREVENTION PLAN(S) HAVE BEEN IMPLEMENTED AND TRAINED		

NOTES: _____

ARE THERE OTHER OBSERVED STRUCTURES OR HOUSEKEEPING PRACTICES THAT HAVE THE POTENTIAL TO POLLUTE AND ARE NOT LISTED ABOVE? IF YES, PLEASE DESCRIBE: _____

I have personally inspected the areas stated above and found it to be in the condition listed above.

SIGNATURE: _____

Date: _____

Form is to be delivered each quarter (copied or emailed) to the Engineering Department's Stormwater Division

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