



City of Oceanside Clean Water Program

Urban Runoff Business Inspection Form

Date: _____

Time: _____

Watershed: _____

Threat: _____

Lic. #: _____

Reason for Inspection: _____

I. SITE AND GENERAL INFORMATION

Business Name: _____		Address: _____	
Phone No.: _____			
Contact Person: _____		Contact Phone #: _____	
Size of Facility: _____	Type of Business: _____	SIC Code: _____	
Description: _____ _____			
Receiving Water: _____		Distance to Receiving Water: _____	
Is the facility regulated under the Industrial NPDES permit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		WDID _____	
Does the facility have a Storm Water Pollution Prevention Plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

II. BMP IMPLEMENTATION

Areas of Activity	Comments
Employee Training	
Outdoor Processing/Manufacturing	
Outdoor Waste Storage/Disposal	
Outdoor Vehicle and Equipment Storage	
Outdoor Parking	
Outdoor Wash Pad	
Other (describe):	

III. STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

Not Applicable

Description of Required Element	Inc.	Comments
Signed Certification	<input type="checkbox"/>	
Pollution Prevention Team	<input type="checkbox"/>	
Existing Facility Plans	<input type="checkbox"/>	
Facility Site Maps	<input type="checkbox"/>	
List of Significant Materials	<input type="checkbox"/>	
Description of Potential Pollution Sources	<input type="checkbox"/>	
Assessment of Potential Pollutant Sources	<input type="checkbox"/>	
Storm Water Best Management Practices	<input type="checkbox"/>	
Annual Site Compliance Evaluation	<input type="checkbox"/>	
Monitoring		
Non-Storm Water Visual Observations	<input type="checkbox"/>	
Storm Water Visual Observations	<input type="checkbox"/>	
Sampling and Analysis	<input type="checkbox"/>	

IV. VIOLATIONS

<input type="checkbox"/> No violations noted at time of inspection/investigation
Description
<input type="checkbox"/> Illegal discharge(s) of pollutants
<input type="checkbox"/> Illegal connection(s)
<input type="checkbox"/> Littering
<input type="checkbox"/> Inadequate BMP
<input type="checkbox"/> Other

V. CORRECTIVE ACTIONS

<input type="checkbox"/> Correct the violation(s) noted above within _____ days.
<input type="checkbox"/> Other

VI. COMMENTS/RECOMMENDATIONS SECTION

VII. SIGNATURE SECTION

Responsible Party Signature: _____	Date: _____
Print Name: _____	Title: _____
	Phone No. _____
Inspector Signature: _____	Date: _____
Inspector Name: _____	Time: _____