

Erosion Control Self-Inspection Report

Date of Inspection: _____ Project: _____
 Name of Inspector: _____ Owner: _____
 Type of Inspection: ☐ Scheduled Weekly Contractor: _____
 ☐ ≥0.5" Precipitation

No.	Description	Yes	No	N/A
1	Are all erosion control devices in-place and functioning in accordance with the erosion control plan?	☐	☐	☐
2	Are all sediment control barriers, inlet protection and silt fences in place and functioning properly?	☐	☐	☐
3	Are all erodible slopes protected from erosion through the implementation of acceptable soil stabilization practices?	☐	☐	☐
4	Are all dewatering structures functioning properly?	☐	☐	☐
5	Are all discharge points free of any noticeable pollutant discharges?	☐	☐	☐
6	Are all discharge points free of any noticeable erosion or sediment transport?	☐	☐	☐
7	Are designated equipment washout areas properly sited, clearly marked, and being utilized?	☐	☐	☐
8	Are construction staging and parking areas restricted to areas designated as such on the plans?	☐	☐	☐
9	Are temporary soil stockpiles in approved areas and properly protected?	☐	☐	☐
10	Are construction entrances properly installed and being used and maintained?	☐	☐	☐
11	Are "Do Not Disturb" areas designated on plan sheets clearly marked on-site and avoided?	☐	☐	☐
12	Are public roads at intersections with site access roads being kept clear of sediment, debris, and mud?	☐	☐	☐
13	Is spill response equipment on-site, logically located, and easily accessed in an emergency?	☐	☐	☐
14	Are emergency response procedures and contact information clearly posted?	☐	☐	☐
15	Is solid waste properly contained?	☐	☐	☐
16	Is a stable access provided to the solid waste storage and pick-up area?	☐	☐	☐
17	Are hazardous materials, waste or otherwise, being properly handled and stored?	☐	☐	☐
18	Have previously recommended corrective actions been implemented?	☐	☐	☐

If you answered "no" to any of the above questions, describe any corrective action which must be taken to remedy the problem and when the corrective actions are to be completed.
