

LAS VEGAS VALLEY STORMWATER QUALITY MANAGEMENT PROGRAM

CONSTRUCTION SITE INSPECTION CHECKLIST

Question	Site Information		
1.	Project Name:		
2.	Reference Number:		
3.	Project Location / APN:		
4.	Owner:		
5.	Contractor:		
6.	Inspector:		
7.	Date and Time of Inspection:		
8.	Type of Inspection:	<input type="checkbox"/> Routine <input type="checkbox"/> Follow Up <input type="checkbox"/> Other	
Best Management Practices (BMPs)			
<i>Check that all the necessary BMPs are installed, functioning properly, and being adequately maintained.</i>			
9.	Are perimeter control BMPs properly installed, maintained and functioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
10.	Are egress areas free of tracked materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
11.	Are all erosion control BMPs properly installed, maintained, and functioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
12.	Are sediment control BMPs properly installed, maintained, and functioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
13.	Is the site free of illicit discharges or stain, odors, sheens, etc. on stormwater drainages? (note locations in Comment Section)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
14.	Are concrete washouts properly installed, maintained, and functioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
15.	Are liquid materials (vehicle fluids, paints, oils, lubricants, etc.) properly stored (covered and/or contained)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
16.	Are construction material storage areas orderly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
17.	Are waste materials properly stored (covered, contained, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
18.	Are all portable toilets positioned to avoid stormwater flows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
19.	Is the site free of leaks or spills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comment Section			
<i>For responses to Questions 9 – 19, provide a written description of the deficiency or issue. Include the question number, a recommended corrective action, and a due date for the corrective action to be completed.</i>			
Question	Corrective Action Needed	Date to be Completed	