

Additional 2022 OKR05 Reports Templates

Routine Facility Inspection Report

Quarterly Visual Monitoring Report

Corrective Action Report

Employee Training Report

SWP3 Amendment Log

Control Measure/BMP Maintenance Records

Industrial Equipment/Systems Maintenance Records

This Page is Intentionally Left Blank

Industrial Stormwater Routine Facility Inspection Report

1. General Information

Facility Name:			
DEQ Authorization No.		Date of Inspection:	
Inspection Start Time:		End Time:	
Inspector's Name:			
Inspector's Title & Phone No.:			

2. Weather and Discharge Information

Weather at time of this inspection?

Clear
 Cloudy
 Rain
 Sleet
 Fog
 Snow
 High Winds
 Other:

Temperature: _____ Rainfall Data: _____ (in inch)

Are there any discharges occurring at the time of inspection? Yes No

If yes, describe: _____

Have any previously unidentified discharges of pollutants occurred since the last inspection? Yes No

If yes, describe: _____

3. Observation Related to Areas of Industrial Materials/Activities Exposed to Stormwater

The following general areas and the areas identified as potential sources of pollutants should be assessed during routine inspections.

Customize this list as needed for the specific types of industrial materials or activities at your facility that are potential pollutant sources.

Sl. No.	Area/Activity	Inspected?	Controls appropriate, effective & operating?	Maintenance or Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sl. No.	Area/Activity	Inspected?	Controls appropriate, effective & operating?	Maintenance or Corrective Action Needed and Notes
6	Erodible areas/construction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Processing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Immediate access roads and rail lines used or traveled by carriers of the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Observation Related to Structural Control Measures

Include all the structural stormwater control measures identified on your site map in your SWP3 below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility. **Identify if maintenance or corrective action is needed.**

Sl. No	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Sl. No	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
13		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

5. Observation Related to Each Discharge Point

Outfall ID	Describe your observation of any evidence of/potential for pollutants entering the drainage system, physical condition of and around each outfall, flow dissipation devices. Identify if any corrective action is needed.
001	
002	
003	
004	
005	

6. Incidents of Non-Compliance

Describe any incidents of non-compliance observed and not described above: _____

7. Additional Control Measures needed to Comply with the Permit Requirement

Describe any additional control measures needed to comply with the permit requirements: _____

8. Additional Notes or Observation from the Inspection

Describe any additional notes or observations from the inspection: _____

Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: _____ Title: _____

Signature: _____ Date: _____

Quarterly Visual Monitoring Report

(Complete a separate form for each outfall you assess)

Facility Name:		DEQ Authorization No.	
Outfall Id.:	Substantially Identical Outfall? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Date & Time Discharge Began:	Date & Time Sample Collected:	Date & Time Sample Examined:	
Substitute Sample? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Person's Name/Title collecting sample:			
Person's Name/Title examining sample:			
Nature of Discharge: <input type="checkbox"/> Rainfall, if rainfall: Rainfall Amount: inches <input type="checkbox"/> Snowmelt			

Parameters & Observation Results

Parameter	Method	Results
Color	Visual	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Milky <input type="checkbox"/> Other (Describe) _____
Odor	Smell	<input type="checkbox"/> None <input type="checkbox"/> Musky <input type="checkbox"/> Earthy <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum <input type="checkbox"/> Other (Describe) _____
Clarity or Turbidity	Visual (try to see through clear container)	<input type="checkbox"/> Can't see through bottle, <input type="checkbox"/> Can see through but can't read newsprint, <input type="checkbox"/> Can see through and read newsprint, <input type="checkbox"/> Clear, but not as clear as bottled water, <input type="checkbox"/> As clear as bottled water
Floating Solids	Visual (top of water in container)	<input type="checkbox"/> Yes (Describe) _____ <input type="checkbox"/> No
Settled Solids	Visual (bottom of container)	<input type="checkbox"/> ____ Tablespoons, or <input type="checkbox"/> ____ Cups of solids on bottom after 60 minutes.
Suspended Solids	Visual (look through container)	Describe Observations. _____
Foam	Visual	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, Thickness _____ Color _____
Oil Sheen	Visual	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, Color _____ Extent _____
Other Obvious Indicators of Stormwater Pollution	Indicate what you observed	Describe: _____
Probable Sources of any Observed Stormwater Contamination: _____		

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name: _____ Title: _____

Signature: _____ Date: _____

Corrective Action Report

(Complete this report if any of the corrective action triggering conditions occurs in your facility.)

Section A – Initial Report (Part 5.3.3 of OKR05)		
(Complete this section <u>within 24 hours</u> of discovering the condition that triggered corrective action listed in Part 5.1 or Part 5.2)		
Facility Name:	DEQ Authorization No. OKR05_____	
Name & Title of the Individual:	Today's Date:	
What conditions triggered the need for corrective action (<i>check the box that applies</i>): <input type="checkbox"/> Spills, leaks or unauthorized discharge occurred <input type="checkbox"/> A prohibited discharge is occurring or has occurred or a discharge violates a numeric effluent limits <input type="checkbox"/> A stormwater control is not effective enough to meet applicable water quality standards or control measure was never installed <input type="checkbox"/> DEQ requires corrective action as a result of permit violations found during an DEQ inspection		
For Spills or Leaks		
Describe the incident:		
Material Released:	Amount:	Location:
Reason for Spill/Leak:		
Date & Time of the Incident:	Discharge to waters of State: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe <i>Immediate</i> Actions to Minimize/Prevent Discharge of Pollutants:		

Section B – Corrective Action Progress (Part 5.3.3 of OKR05)			
(Complete this section <u>no later than 14 calendar days</u> after discovering of any condition listed in Part 5.1 or Part 5.2)			
Section B.1 – Cause of Problem And Summary of Corrective Action			
Cause(s) of Problem	Summary of the Corrective Action taken to Resolve the Problem	Date & Time	
1.	1.		
2.	2.		
Section B.2 – Stormwater Control Modifications and SWP3 Modification			
List of Stormwater Control Modification(s) Needed to Correct Problem	Date of Completion	SWP3 Update Necessary?	SWP3 Modifications Notes
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, provide date SWP3 modified:	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, provide date SWP3 modified:	

Section C – Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

SWP3 Employee Training Report

Facility Name: _____ DEQ Authorization No. OKR05 _____

Instructor's Name: _____ Instructor's Title: _____

Course Location: _____ Date: _____

Course Length (hours): _____

Stormwater Training Topic: *(check as appropriate)*

- | | |
|---|--|
| <input type="checkbox"/> Overview of SWP3 | <input type="checkbox"/> Minimize Overall Exposure to Stormwater |
| <input type="checkbox"/> Controls Measures/BMPs Design & Installation | <input type="checkbox"/> Good Housekeeping |
| <input type="checkbox"/> Controls Measures/BMPs Repair & Maintenance | <input type="checkbox"/> Inspections and Corrective Actions |
| <input type="checkbox"/> Spill Prevention and Response | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Attendee Roster: *(attach additional pages as necessary)*

No.	Name of the Attendee	Signature of the Attendee
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

SWP3 Modification/Amendment Log

Sl. No.	Description of the Amendment	Date of Amendment	Amendment Prepared by (Name and Title)	Signature by Designated Corporate Official
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Control Measure/BMP Maintenance Records

Facility Name: _____ DEQ Authorization No. OKR05 _____

Name of Control Measure: _____	
Describe maintenance activities: _____	
Maintenance Schedule: _____	Date of Maintenance Action: _____
Reason for Action: <input type="checkbox"/> Regular Maintenance	<input type="checkbox"/> Discovery of Problem
If Problem Identified,	
♦ Description of Action Required: _____	
♦ Date Control Measure Returned to Full Function: _____	
♦ Justification for Extended Schedule, if applicable: _____	
Additional Notes: _____	

Control Measure/BMP Maintenance Records

Facility Name: _____ DEQ Authorization No. OKR05 _____

Name of Control Measure: _____	
Describe maintenance activities: _____	
Maintenance Schedule: _____	Date of Maintenance Action: _____
Reason for Action: <input type="checkbox"/> Regular Maintenance	<input type="checkbox"/> Discovery of Problem
If Problem Identified,	
♦ Description of Action Required: _____	
♦ Date Control Measure Returned to Full Function: _____	
♦ Justification for Extended Schedule, if applicable: _____	
Additional Notes: _____	

Industrial Equipment/Systems Maintenance Records

Facility Name: _____ DEQ Authorization No. OKR05 _____

Name of Equipment/System: _____	
Describe maintenance activities: _____	
Maintenance Schedule: _____	Date of Maintenance Action: _____
Reason for Action: <input type="checkbox"/> Regular Maintenance	<input type="checkbox"/> Discovery of Problem
If Problem Identified,	
♦ Description of Action Required: _____	
♦ Date the System/Eqmt Returned to Full Function: _____	
♦ Justification for Extended Schedule, if applicable: _____	
Additional Notes: _____	

Industrial Equipment/Systems Maintenance Records

Facility Name: _____ DEQ Authorization No. OKR05 _____

Name of Equipment/System: _____	
Describe maintenance activities: _____	
Maintenance Schedule: _____	Date of Maintenance Action: _____
Reason for Action: <input type="checkbox"/> Regular Maintenance	<input type="checkbox"/> Discovery of Problem
If Problem Identified,	
♦ Description of Action Required: _____	
♦ Date the System/Eqmt Returned to Full Function: _____	
♦ Justification for Extended Schedule, if applicable: _____	
Additional Notes: _____	