facility equipment

*Steps to customizing your checklist*

1. *Enter your company and/or department information*
2. *Select the items you wish to include in your checklist (by default, all items are checked for your convenience - simply remove the items you do not wish to include in your checklist)*

|  |  |
| --- | --- |
| Company |  |
| Department |  |

# Storm drain screens

|  |  |  |
| --- | --- | --- |
| Number of drains: |  | |
| Number of drains with screens: |  | |
| Target date to complete screen installation: |  | |
| Drain screen inspection/cleaning frequency: |  | |
| Screen repairs required: | *YES* | *NO* |

# Unloading areas

|  |  |  |
| --- | --- | --- |
| Paved | *YES* | *NO* |
| Unpaved | *YES* | *NO* |
| Tarps/catch pans available in area | *YES* | *NO* |
| Disposal receptacles in area | *YES* | *NO* |

# Transfer systems

|  |  |  |
| --- | --- | --- |
| Bag House/filters OK | *YES* | *NO* |
| Pipe, hoses and connections leak free | *YES* | *NO* |
| Disconnects with auto closing valves | *YES* | *NO* |

# Sweepings Disposal

|  |  |  |
| --- | --- | --- |
| Contractor agrees to zero loss disposal procedures | *YES* | *NO* |
| Proper interim storage containers available | *YES* | *NO* |

|  |  |
| --- | --- |
| **Inspected by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Inspection Date:** | \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |