

**CITY OF PHOENIX AVIATION DEPARTMENT – STORMWATER POLLUTION PREVENTION
MONTHLY INSPECTION CHECKLIST**



FACILITY INFORMATION
Facility Name:
Address:

WEATHER	January	February	March
Current Weather Clear, Cloudy, Windy, or Raining? (Circle)			
CONTROL MEASURES: (Y=Compliant, N = Non-Compliant)	Y / N / NA	Y / N / NA	Y / N / NA
Areas Clean & Orderly?	Y / N / NA	Y / N / NA	Y / N / NA
Area Free of Spills and/or Staining?	Y / N / NA	Y / N / NA	Y / N / NA
Used Absorbent Disposed of Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Spill Kits – Adequately Filled & Clean?	Y / N / NA	Y / N / NA	Y / N / NA
Chemicals – Label Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Chemicals – Stored on Secondary Containment?	Y / N / NA	Y / N / NA	Y / N / NA
Secondary Containment – Good Condition?	Y / N / NA	Y / N / NA	Y / N / NA
Secondary Containment – Clean, Empty & Dry?	Y / N / NA	Y / N / NA	Y / N / NA
Trash Cans & Dumpsters - Closed & Not Overloaded?	Y / N / NA	Y / N / NA	Y / N / NA
Trash/FOD – Picked Up?	Y / N / NA	Y / N / NA	Y / N / NA
AVE – Not Leaking?	Y / N / NA	Y / N / NA	Y / N / NA
AVE – Stored Away from Storm Drains?	Y / N / NA	Y / N / NA	Y / N / NA
Lavatory – Caps on Discharge Connections?	Y / N / NA	Y / N / NA	Y / N / NA
AVE Washing – Designated Area Utilized?	Y / N / NA	Y / N / NA	Y / N / NA
Floor Washing – Mop Water Disposed of Properly (ex. mop sink)?	Y / N / NA	Y / N / NA	Y / N / NA
Regulated Waste - Stored & Disposed of Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Records - SWPPP Notebook up to date, i.e. Training, NOI/NEC	Y / N / NA	Y / N / NA	Y / N / NA
CM Changes Required?	Y / N / NA	Y / N / NA	Y / N / NA

Comments/Deviations/Follow-Up:
<i>If "No" circled above, provide comment for each specific month.</i>

AVE – AIRCRAFT, VEHICLES AND EQUIPMENT

January	_____ Signature	_____ Name (Printed)	_____ Title	_____ Date and Time
February	_____ Signature	_____ Name (Printed)	_____ Title	_____ Date and Time
March	_____ Signature	_____ Name (Printed)	_____ Title	_____ Date and Time

**CITY OF PHOENIX AVIATION DEPARTMENT – STORMWATER POLLUTION PREVENTION
MONTHLY INSPECTION CHECKLIST**



FACILITY INFORMATION
Facility Name:
Address:

WEATHER	April	May	June
Current Weather Clear, Cloudy, Windy, or Raining? (Circle)			
CONTROL MEASURES: (Y=Compliant, N = Non-Compliant)	Y / N / NA	Y / N / NA	Y / N / NA
Areas Clean & Orderly?	Y / N / NA	Y / N / NA	Y / N / NA
Area Free of Spills and/or Staining?	Y / N / NA	Y / N / NA	Y / N / NA
Used Absorbent Disposed of Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Spill Kits – Adequately Filled & Clean?	Y / N / NA	Y / N / NA	Y / N / NA
Chemicals – Label Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Chemicals – Stored on Secondary Containment?	Y / N / NA	Y / N / NA	Y / N / NA
Secondary Containment – Good Condition?	Y / N / NA	Y / N / NA	Y / N / NA
Secondary Containment – Clean, Empty & Dry?	Y / N / NA	Y / N / NA	Y / N / NA
Trash Cans & Dumpsters - Closed & Not Overloaded?	Y / N / NA	Y / N / NA	Y / N / NA
Trash/FOD – Picked Up?	Y / N / NA	Y / N / NA	Y / N / NA
AVE – Not Leaking?	Y / N / NA	Y / N / NA	Y / N / NA
AVE – Stored Away from Storm Drains?	Y / N / NA	Y / N / NA	Y / N / NA
Lavatory – Caps on Discharge Connections?	Y / N / NA	Y / N / NA	Y / N / NA
AVE Washing – Designated Area Utilized?	Y / N / NA	Y / N / NA	Y / N / NA
Floor Washing – Mop Water Disposed of Properly (ex. mop sink)?	Y / N / NA	Y / N / NA	Y / N / NA
Regulated Waste - Stored & Disposed of Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Records - SWPPP Notebook up to date, i.e. Training, NOI/NEC	Y / N / NA	Y / N / NA	Y / N / NA
CM Changes Required?	Y / N / NA	Y / N / NA	Y / N / NA

Comments/Deviations/Follow-Up:
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AVE – AIRCRAFT, VEHICLES AND EQUIPMENT

April	_____	_____	_____	_____
	Signature	Name (Printed)	Title	Date and Time
May	_____	_____	_____	_____
	Signature	Name (Printed)	Title	Date and Time
June	_____	_____	_____	_____
	Signature	Name (Printed)	Title	Date and Time

CITY OF PHOENIX AVIATION DEPARTMENT – STORMWATER POLLUTION PREVENTION



MONTHLY INSPECTION CHECKLIST

FACILITY INFORMATION
Facility Name:
Address:

WEATHER	July	August	September
Current Weather Clear, Cloudy, Windy, or Raining? (Circle)			
CONTROL MEASURES: (Y=Compliant, N = Non-Compliant)	Y / N / NA	Y / N / NA	Y / N / NA
Areas Clean & Orderly?	Y / N / NA	Y / N / NA	Y / N / NA
Area Free of Spills and/or Staining?	Y / N / NA	Y / N / NA	Y / N / NA
Used Absorbent Disposed of Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Spill Kits – Adequately Filled & Clean?	Y / N / NA	Y / N / NA	Y / N / NA
Chemicals – Label Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Chemicals – Stored on Secondary Containment?	Y / N / NA	Y / N / NA	Y / N / NA
Secondary Containment – Good Condition?	Y / N / NA	Y / N / NA	Y / N / NA
Secondary Containment – Clean, Empty & Dry?	Y / N / NA	Y / N / NA	Y / N / NA
Trash Cans & Dumpsters - Closed & Not Overloaded?	Y / N / NA	Y / N / NA	Y / N / NA
Trash/FOD – Picked Up?	Y / N / NA	Y / N / NA	Y / N / NA
AVE – Not Leaking?	Y / N / NA	Y / N / NA	Y / N / NA
AVE – Stored Away from Storm Drains?	Y / N / NA	Y / N / NA	Y / N / NA
Lavatory – Caps on Discharge Connections?	Y / N / NA	Y / N / NA	Y / N / NA
AVE Washing – Designated Area Utilized?	Y / N / NA	Y / N / NA	Y / N / NA
Floor Washing – Mop Water Disposed of Properly (ex. mop sink)?	Y / N / NA	Y / N / NA	Y / N / NA
Regulated Waste - Stored & Disposed of Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Records - SWPPP Notebook up to date, i.e. Training, NOI/NEC	Y / N / NA	Y / N / NA	Y / N / NA
CM Changes Required?	Y / N / NA	Y / N / NA	Y / N / NA

Comments/Deviations/Follow-Up:

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AVE – AIRCRAFT, VEHICLES AND EQUIPMENT

July	_____	_____	_____	_____
	Signature	Name (Printed)	Title	Date and Time
August	_____	_____	_____	_____
	Signature	Name (Printed)	Title	Date and Time
September	_____	_____	_____	_____
	Signature	Name (Printed)	Title	Date and Time

**CITY OF PHOENIX AVIATION DEPARTMENT – STORMWATER POLLUTION PREVENTION
MONTHLY INSPECTION CHECKLIST**



FACILITY INFORMATION
Facility Name:
Address:

WEATHER	October	November	December
Current Weather Clear, Cloudy, Windy, or Raining? (Circle)			
CONTROL MEASURES: (Y=Compliant, N = Non-Compliant)	Y / N / NA	Y / N / NA	Y / N / NA
Areas Clean & Orderly?	Y / N / NA	Y / N / NA	Y / N / NA
Area Free of Spills and/or Staining?	Y / N / NA	Y / N / NA	Y / N / NA
Used Absorbent Disposed of Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Spill Kits – Adequately Filled & Clean?	Y / N / NA	Y / N / NA	Y / N / NA
Chemicals –Label Properly?	Y / N / NA	Y / N / NA	Y / N / NA
Chemicals – Stored on Secondary Containment?	Y / N / NA	Y / N / NA	Y / N / NA
Secondary Containment – Good Condition?	Y / N / NA	Y / N / NA	Y / N / NA
Secondary Containment – Clean, Empty & Dry?	Y / N / NA	Y / N / NA	Y / N / NA
Trash Cans & Dumpsters - Closed & Not Overloaded?	Y / N / NA	Y / N / NA	Y / N / NA
Trash/FOD – Picked Up?	Y / N / NA	Y / N / NA	Y / N / NA
AVE – Not Leaking?	Y / N / NA	Y / N / NA	Y / N / NA
AVE – Stored Away from Storm Drains?	Y / N / NA	Y / N / NA	Y / N / NA
Lavatory – Caps on Discharge Connections?	Y / N / NA	Y / N / NA	Y / N / NA
AVE Washing – Designated Area Utilized?	Y / N / NA	Y / N / NA	Y / N / NA
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CM Changes Required?	Y / N / NA	Y / N / NA	Y / N / NA

Comments/Deviations/Follow-Up:

If "No" circled above, provide comment for each specific month.

AVE – AIRCRAFT, VEHICLES AND EQUIPMENT

October	_____	_____	_____	_____
	Signature	Name (Printed)	Title	Date and Time
November	_____	_____	_____	_____
	Signature	Name (Printed)	Title	Date and Time
December	_____	_____	_____	_____
	Signature	Name (Printed)	Title	Date and Time