

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



FACILITY INFORMATION
Tenant Name:
Address:

WEATHER	January	February	March	April
The last rain event occurred within:	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days
Current Weather – Clear, Cloudy, or Raining?	☀️ ☁️ ☔	☀️ ☁️ ☔	☀️ ☁️ ☔	☀️ ☁️ ☔
CONTROL MEASURES:	Y / N	Y / N	Y / N	Y / N
Areas Clean & Orderly?	Y / N	Y / N	Y / N	Y / N
Area Free of Spills and/or Staining?	Y / N	Y / N	Y / N	Y / N
Used Absorbent Picked Up?	Y / N	Y / N	Y / N	Y / N
Spill Kits – Adequately Filled & Clean?	Y / N	Y / N	Y / N	Y / N
Chemicals – Properly Labelled?	Y / N	Y / N	Y / N	Y / N
Chemicals – Stored on Secondary Containment?	Y / N	Y / N	Y / N	Y / N
Secondary Containment – Good Condition?	Y / N	Y / N	Y / N	Y / N
Secondary Containment – Clean, Empty & Dry?	Y / N	Y / N	Y / N	Y / N
Trash Cans & Dumpsters - Closed & Not Overloaded?	Y / N	Y / N	Y / N	Y / N
Trash/FOD – Picked Up?	Y / N	Y / N	Y / N	Y / N
AVE – Not Leaking?	Y / N	Y / N	Y / N	Y / N
AVE – Stored Away from Storm Drains?	Y / N	Y / N	Y / N	Y / N
Lavatory – Caps on Discharge Connections?	Y / N	Y / N	Y / N	Y / N
Washing – Designated Area Utilized?	Y / N	Y / N	Y / N	Y / N
Washing – Mop Water Disposed of Properly (ex. mop sink)?	Y / N	Y / N	Y / N	Y / N
Comments:				
<i>If “No” circled above, provide comment.</i>				

AVE – AIRCRAFT, VEHICLES AND EQUIPMENT

January	_____	_____
	Signature	Date and Time
February	_____	_____
	Signature	Date and Time
March	_____	_____
	Signature	Date and Time
April	_____	_____
	Signature	Date and Time

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



FACILITY INFORMATION
Tenant Name:
Address:

WEATHER	May	June	July	August
The last rain event occurred within:	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days
Current Weather – Clear, Cloudy, or Raining?				
CONTROL MEASURES:	Y / N	Y / N	Y / N	Y / N
Areas Clean & Orderly?	Y / N	Y / N	Y / N	Y / N
Area Free of Spills and/or Staining?	Y / N	Y / N	Y / N	Y / N
Used Absorbent Picked Up?	Y / N	Y / N	Y / N	Y / N
Spill Kits – Adequately Filled & Clean?	Y / N	Y / N	Y / N	Y / N
Chemicals – Properly Labelled?	Y / N	Y / N	Y / N	Y / N
Chemicals – Stored on Secondary Containment?	Y / N	Y / N	Y / N	Y / N
Secondary Containment – Good Condition?	Y / N	Y / N	Y / N	Y / N
Secondary Containment – Clean, Empty & Dry?	Y / N	Y / N	Y / N	Y / N
Trash Cans & Dumpsters - Closed & Not Overloaded?	Y / N	Y / N	Y / N	Y / N
Trash/FOD – Picked Up?	Y / N	Y / N	Y / N	Y / N
AVE – Not Leaking?	Y / N	Y / N	Y / N	Y / N
AVE – Stored Away from Storm Drains?	Y / N	Y / N	Y / N	Y / N
Lavatory – Caps on Discharge Connections?	Y / N	Y / N	Y / N	Y / N
Washing – Designated Area Utilized?	Y / N	Y / N	Y / N	Y / N
Washing – Mop Water Disposed of Properly (ex. mop sink)?	Y / N	Y / N	Y / N	Y / N
Comments:				
<i>If "No" circled above, provide comment.</i>				

AVE – AIRCRAFT, VEHICLES AND EQUIPMENT

May	_____	_____
	Signature	Date and Time
June	_____	_____
	Signature	Date and Time
July	_____	_____
	Signature	Date and Time
August	_____	_____
	Signature	Date and Time

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



FACILITY INFORMATION
Tenant Name:
Address:

WEATHER	September	October	November	December
The last rain event occurred within:	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days	<1 Day 1-3 Days >3 Days
Current Weather – Clear, Cloudy, or Raining?				
CONTROL MEASURES:	Y / N	Y / N	Y / N	Y / N
Areas Clean & Orderly?	Y / N	Y / N	Y / N	Y / N
Area Free of Spills and/or Staining?	Y / N	Y / N	Y / N	Y / N
Used Absorbent Picked Up?	Y / N	Y / N	Y / N	Y / N
Spill Kits – Adequately Filled & Clean?	Y / N	Y / N	Y / N	Y / N
Chemicals – Properly Labelled?	Y / N	Y / N	Y / N	Y / N
Chemicals – Stored on Secondary Containment?	Y / N	Y / N	Y / N	Y / N
Secondary Containment – Good Condition?	Y / N	Y / N	Y / N	Y / N
Secondary Containment – Clean, Empty & Dry?	Y / N	Y / N	Y / N	Y / N
Trash Cans & Dumpsters - Closed & Not Overloaded?	Y / N	Y / N	Y / N	Y / N
Trash/FOD – Picked Up?	Y / N	Y / N	Y / N	Y / N
AVE – Not Leaking?	Y / N	Y / N	Y / N	Y / N
AVE – Stored Away from Storm Drains?	Y / N	Y / N	Y / N	Y / N
Lavatory – Caps on Discharge Connections?	Y / N	Y / N	Y / N	Y / N
Washing – Designated Area Utilized?	Y / N	Y / N	Y / N	Y / N
Washing – Mop Water Disposed of Properly (ex. mop sink)?	Y / N	Y / N	Y / N	Y / N
Comments:				
<i>If "No" circled above, provide comment.</i>				

AVE – AIRCRAFT, VEHICLES AND EQUIPMENT

September	_____	_____
	Signature	Date and Time
October	_____	_____
	Signature	Date and Time
November	_____	_____
	Signature	Date and Time
December	_____	_____
	Signature	Date and Time