

**MCSTOPPP Municipal Hot Spot Facility
Annual Comprehensive Inspection Checklist**

I. General Information

a. Date and Time of Assessment:	b. Name of Staff Conducting Assessment (Please Print):
c. Facility Number:	d. Facility Name:

II. Review Hot Spot Facility SWPPP

III. Review Quarterly Observation Records

IV. Conduct Walk-through Inspection

A. Document observations on a Quarterly Observation Form

B. Document observations on a Hot Spot Facility Annual Inspection Form

V. BMP and SWPPP Assessment

a. Are corrective actions or maintenance required for the BMPs? Yes No

b. If Yes, identify the BMP and needed maintenance.

c. Were any activities or potential sources of pollutant observed that were not identified in the SWPPP? Yes No

d. If Yes, identify source activity or source.

e. Are any other SWPPP updates needed? Yes No

f. If Yes, identify updates.

If SWPPP updates or corrective actions are required complete the implementation plan in the reverse side.

