



# MCSTOPPP Hot Spot Facility Annual Inspection Form

A. Facility Information		
Facility Name:	Facility #:	Date:
Facility Location:	Inspector(s):	
Facility Description:	Receiving Water:	
B. Vehicle and Equipment Operations <input type="checkbox"/> N/A (skip to part C)		
B1. Types of vehicles/equipment: <input type="checkbox"/> Fleet <input type="checkbox"/> Maintenance <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Other _____		
B2. Approximate number of vehicles/equipment: _____ / _____		
B3. Vehicle Activities (check all that apply): <input type="checkbox"/> Maintained <input type="checkbox"/> Repaired <input type="checkbox"/> Fueled <input type="checkbox"/> Washed <input type="checkbox"/> Stored	○	
B4. Are vehicles/equipment stored outside? <input type="checkbox"/> Y <input type="checkbox"/> N Are vehicles/equipment covered and drip pans used where needed? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
B5. Are vehicles repaired outside? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
B6. Is there evidence of spills/leakage from vehicles/equipment? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
B7. Is fuel storage or a fueling area present? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
B8. If there are fueling areas, are they covered? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
B9. If there are fueling areas, are they directly draining to storm drains or a waterbody? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
B10. If there are fueling areas, is there a spill response kit close by and clearly marked? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
B11. Are vehicles and equipment cleaned outside? <input type="checkbox"/> Y <input type="checkbox"/> N Are they cleaned in designated areas that are contained and drain to the sanitary sewer? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
C. Outdoor Materials Storage <input type="checkbox"/> N/A (skip to part D)		
C1. Are materials loading/unloading operations present? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
C2. Is there a spill response kit close by and clearly marked? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
C3. Are hazardous materials stored outside? <input type="checkbox"/> Y <input type="checkbox"/> N Are they covered and have secondary containment? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
C4. Are storage containers missing labels or in poor condition? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
C5. Are bulk materials storage or stockpiles present? <input type="checkbox"/> Y <input type="checkbox"/> N Are the storage bins or stockpiles covered and bermed? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
C6. Is cold patch stored onsite? <input type="checkbox"/> Y <input type="checkbox"/> N Is it covered? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
D. Waste Management <input type="checkbox"/> N/A (skip to part E)		
D1. Types of waste: <input type="checkbox"/> Garbage <input type="checkbox"/> Construction materials <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Green	○	
D2. Is the dumpster properly maintained? <input type="checkbox"/> Y <input type="checkbox"/> N If No, check any that apply: <input type="checkbox"/> No cover/Lid is open <input type="checkbox"/> Damaged/poor condition <input type="checkbox"/> Leaking or evidence of leakage (stains on ground) <input type="checkbox"/> Overflowing	○	
D3. Is the dumpster near a storm drain inlet or waterbody? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, are there runoff diversion methods (berms, curbs)? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
D4. Is hazardous waste collected or generated at this site? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, is it properly stored and disposed of (covered, secondary containment, HHW drop-off)? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
D5. Is there a green waste pile? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, are there runoff diversion methods (berm, covered)? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
E. Parking Areas <input type="checkbox"/> N/A (skip to part F)		
E1. Parking surface material (check all that apply): <input type="checkbox"/> Asphalt/Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Permeable Condition of surface? <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Breaking up	○	
E2. Is loose trash present? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
E3. Is the parking area routinely swept and/or maintained? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
F. Turf/Landscaped Areas <input type="checkbox"/> N/A (skip to part G)		
F1. Are turf/landscape areas managed under an IPM Program? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
F2. Is there permanent or non-target irrigation? <input type="checkbox"/> Y <input type="checkbox"/> N Are there signs of over-irrigation/runoff? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
F3. Do landscaped areas drain to the storm drain system or a watercourse? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
F4. Is loose trash present? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
F5. Are there bare soil areas that could discharge sediment to a storm drain or a watercourse? <input type="checkbox"/> Y <input type="checkbox"/> N	○	
G. Storm Drain System <input type="checkbox"/> N/A (skip to part H)		
G1. Is there any debris in the catch basins? <input type="checkbox"/> Y <input type="checkbox"/> N If so, what? <input type="checkbox"/> Trash <input type="checkbox"/> Sediment <input type="checkbox"/> Leaf debris Rate the Accumulation (Low, Medium, High) for each: Trash _____ Sediment _____ Leaf Debris _____	○	
G2. Is there any non-stormwater discharging to the catch basins? <input type="checkbox"/> Y <input type="checkbox"/> N What is the source? <input type="checkbox"/> Groundwater <input type="checkbox"/> Exempt discharge <input type="checkbox"/> Over-irrigation <input type="checkbox"/> Illicit discharge	○	

## H. Hot Spot Facility Annual Inspection Scoring

H1. Add up total number of of circles filled in from the previous page

H2. Results based on number of circles filled in

(0-4)	<b>Low</b> - Review deficiencies and assess current BMPs and Good Housekeeping procedures. Identify any corrective actions on the back of the Annual Comprehensive Assessment Checklist.
(5-9)	<b>Medium</b> - Review deficiencies and assess current BMPs and Good Housekeeping procedures. Consider implementing additional BMPs to improve the facility. Identify any corrective actions on the back of the Annual Comprehensive Assessment Checklist.
(10-15)	<b>High</b> - Review deficiencies and assess current BMPs and Good Housekeeping procedures. Identify ways to improve implementation of current BMPs and Good Housekeeping procedures and consider additional BMPs to improve the facility. Identify any corrective actions on the back of the Annual Comprehensive Assessment Checklist. Ammendments to the facility SWPPP may be required if additional BMPs are needed for improvement.
(15+)	<b>Severe</b> - Review deficiencies and assess current BMPs and Good Housekeeping procedures. Identify ways to improve implementation of current BMPs and Good Housekeeping procedures and identify additional BMPs to improve the facility. Identify any corrective actions on the back of the Annual Comprehensive Assessment Checklist. Conduct a follow-up comprehensive inspection. Ammendments to the facility SWPPP may be required if additional BMPs are needed for improvement.

## I. Inspection Scoring Guidelines - Fill in the circles on the Inspection Form if the following apply

### B. Vehicle and Equipment Operations

- B1. No circle - Just check all that apply. Other may include things like portable pumps, generators, golf carts, etc.
- B2. No circle - Just fill in approximate numbers for both vehicles and equipment: \_\_\_\_\_ / \_\_\_\_\_
- B3. If any of the boxes are checked
- B4. If vehicles/equipment stored outside don't have covers or drip pans but show signs of needing them
- B5. If Yes
- B6. If Yes
- B7. If fuel storage or a fueling area present fill in circle and designate facility as a **Hotspot**
- B8. If No
- B9. If Yes
- B10. If No
- B11. If Yes, but No, they aren't cleaned in designated areas that are contained and drain to the sanitary sewer

### C. Outdoor Materials Storage

- C1. If Yes
- C2. If No
- C3. If Yes, but No, they are not covered or have no secondary containment
- C4. If Yes
- C5. If Yes, but No, the storage bins or stockpiles are not covered and bermed
- C6. If Yes, but No, It is not covered

### D. Waste Management

- D1. If any of the boxes are checked
- D2. If No, and any of the boxes are checked
- D3. If Yes, but No, there are no runoff diversion methods (berms, curbs)
- D4. If Yes, but No, it is not properly stored and disposed of (covered, secondary containment, HHW drop-off)
- D5. If Yes, but No, there are not runoff diversion methods (berm, covered)

### E. Parking Areas

- E1. If the parking area surface material is Asphalt/Concrete and the condition is Stained, Dirty, or Breaking up
- E2. If Yes
- E3. If No

### F. Turf/Landscaped Areas

- F1. If No
- F2. If Yes, and Yes, there are there signs of over-irrigation/runoff
- F3. If Yes
- F4. If Yes
- F5. If Yes

### G. Storm Drain System

- G1. If Yes, and the accumulation for Trash or Sediment is Medium or High, or if Leaf Debris is High
- G2. If Yes, and the source is coming from Over-irrigation or an Illicit discharge