

**State of Connecticut
Department of Transportation
Construction Site Environmental Inspection Report**

This Form Must Be Completed At Least Once A Week And Within Twenty Four (24) Hours Of The End Of A Storm Event That Is 0.1 inches Or Greater

General Information			
Project Number		Date	
Permit Number(s)		Location	
		Phone No.	
Project Engineer		Chief Inspector	
Contractor			
Describe present phase of construction/activities that are occurring			
Type of Inspection: <input type="checkbox"/> Weekly <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event			
Weather Information			
Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide:			
Storm Start Date & Time:	Storm Duration (hrs):	Type and Approximate Amount of Precipitation (in):	
Weather at time of this inspection? <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds Temperature:			

Site-specific BMPs

- *Number the structural and non-structural BMPs on your site map and list them below (add as many BMPs as necessary). Carry a copy of the numbered site map for reference with you during your inspections.*

BMP Maintenance							
	BMP or Observation Site and Location	BMPs Installed ?	BMP Maintenance Required?	Remedial Action Required and Date Contractor was Notified *ALL REMEDIAL ACTIONS MUST BE COMPLETED WITHIN 24 HOURS*	Date Fixed	Photo Taken ?	Repeat Failure?
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any sediment discharges to a regulated area occurring or have any occurred since the last inspection? Yes No

If yes, contact the District Environmental Coordinator immediately.

Describe the discharge including location, time identified, and the approximate amount of sediment. (on back)

Environmental Inspector: _____

Signature: _____ Date: _____

Reviewed by: _____

Signature: _____ Date: _____