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Section A: Facility and Inspection Information							
Date:		Inspector Name:					
Facility Name:			•				
Facility Address:							
Name of organization operating Facility:							
Facility assets:	☐ Kitchen/food service area	☐ Waste disposal (trash enclosures)	□ Outdoor storage	tdoor equipment			
	☐ Restrooms		☐ Outdoor public assembly areas		☐ Indoor public assembly areas		
	Other (Describe)						
Section B. Storm Drain Inlets and Infrastructure							
B1. Are storm drain inlets located at the facility?		☐ YES	□ NO	Unknown			
If yes, do drain inlets have filters?		YES	□ NO	Unknown			
B2: Does other infrastructure convey stormwater offsite? (Culverts, curbs, ditches.)		☐ YES	□ NO	Describe drainage structures:			
B3. Is trash or litter present in drain inlets, near ditches/culverts or in drain inlet filters?		☐ YES	□ NO	Describe trash/litter present:			
B4. Are storm drain inlets marked with 'no dumping' stormwater icons?		☐ YES	□ NO	☐ Needs replacement.			
Section C: Vehicle	e Parking 🗆 No	public parking, not	t <b>applicable.</b> (Skip	to Section D)			
C1. Approximate num							
C2. Is there evidence of significant spills/leakage from parked vehicles?		☐ YES	□ NO	Cannot be identified.			
C3. Are fluid spill cleanup kits available at the facility?		☐ YES	□ NO	Unknown	☐ Kit requires re-fill or re-stocking		
C4. Is litter present in the parking area?		☐ YES	□ NO	Unknown			
C5. Are trash recept parking area?	acles available in the	YES	□ NO	☐ Not applicable			
C6. Are any vehicles washed outdoors?		☐ YES	□ NO	Unknown			
C7. Is regular sweep removal scheduled	ing and litter for the parking area?	YES	□ NO	Unknown	☐ Not applicable		

Castian D. Outdoor Matarials C. Environment								
Section D. Outdoor Materials & Equipment								
☐ Check if no materials or equipment are stored outdoors. (Skip to Section E.)								
D1. Are materials or equipment			YES	□ NO	Unknown			
permanently stored outsi								
If yes, what type of materials are stored?			Liquids	Solids	Other (Describe)			
D2. Does the outdoor storage area have			YES	□ NO	Unknown			
a temporary or permaner	nt cover for				_ CHIKHOWH			
materials?								
D3. Are liquid materials stored outdoors in a contained area equipped to capture spills or leaks?			l yes	□ NO	□ Not applicable			
D4. Are all storage containers clearly labeled and in good condition (no rust, cracks, etc.)?			l yes	□ NO	Unknown			
Please provide photos of materials and equipment permanently stored outdoors at the facility:  (Attach button)								
Section E. Waste Management								
E1. What type of waste is generated onsite?	Standard domestic garbage		Standard domestic recycling		☐ Green waste	Hazardous materials		
(Check all that apply)	# of bins:	# of bins:		# of bins:	# of bins:			
E2. What is the condition of waste containers (rolling bins or dumpsters)? (Check all that apply)	No lid for bin of dumpster. # of bins:	or Lid dam inoperable. # of bins:		naged or	Bin is damaged or in poor condition # of bins:	☐ Bin/dumpster is actively leaking # of bins:		
All bin(s) have operable lids, are in good condition, no staining or leaking.	Evidence of bir leaks (stains on ground) # of bins:	ks (stains on ound)		☐ Bin is overflowing. # of bins:		Other condition		
# of bins:	<u> </u>							
E3. Are dumpsters or rolling bins stored near a storm drain inlet?			YES	□ NO	Unknown			
E4. Is there uncontained trash or waste in the trash bin enclosure / shelter area?			YES	□ №	If yes, describe:			
Please provide a photo of the waste management area at the facility:  (Attach button)								

Section F: Potable Water Disposal							
F1. Does the facility wastewater flow to an onsite septic system or a treatment plant?	Onsite septic system		Wastewater treatment plant.	Unknown			
Provide the name of the vendor and date of the most recent septic system inspection:				·			
F2: Is information posted in kitchens and food prep areas to notify users of best practices for disposing food waste?	☐ YES	□ NO	☐ Not applicable				
F3: Do food service preparation areas include grease traps?	☐ YES	□ №	Unknown	☐ Not applicable			
F4: Is information posted to notify users not to dispose of fats, oils, grease into drains?	☐ YES	□ NO	Unknown	☐ Not applicable			
F5: Does the facility include a mop sink, or designated mop water disposal drain?	YES	□ NO	Unknown				
F6: Is information posted to notify users of proper mop water disposal?	☐ YES	□ NO	Unknown				
Section G. Landscaped Areas							
	☐ Check if facility does not have any landscaped areas. (Skip to Section H.)						
G1. Type of landscaping site cover: (Check all that apply)	Turf/Grass	☐ Bare soil	☐ Mulch, no plants	☐ Plants/trees			
G2. Percent of site that is landscaped:	0-25%	<u> </u>	☐ 51-75%	76-100%			
G3: Percent of site equipped with permanent irrigation for landscaping:	0-25%	<u> </u>	☐ 51-75%	76-100%			
G4. Evidence of irrigation leaks or over- spray?	☐ YES	□ NO	☐ Not applicable				
G5. Date of last irrigation audit or inspection by operator:							
G6. Are there other deficiencies in landscaped areas? (Check all that apply)	Erosion	☐ Dead plants	☐ Bare soil	Litter/trash accumulation			
Section H. Household Hazardous M	Section H. Household Hazardous Materials						
H1. Household Hazardous Materials	□ Paint	□Herbicides	☐ Pesticides	☐ Batteries			
used/stored onsite: (Check all that apply)	☐ Fertilizer	□Lightbulbs	□ Degreasers	☐ Cleaning or disinfecting chemicals			
H2: Are all household hazardous materials and wastes stored indoors in a locked area?	☐ YES	□ NO		Unknown			

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H3: How frequently is household	igsquare Monthly $igsquare$ Semi-annuall		ally	☐ Unknown		
hazardous waste removed for disposal?						
H4: When was the last disposal of		- 1				
Household Hazardous Waste?						
				a 111.		
Please provide a photo of the household hazardous materials and waste storage area at the facility: (Attach button)						
Section I. Pest Control Activities						
I1: Does the facility utilize a licensed	☐ YES	□ NO	If YES, please describe:			
pest control contractor?						
I2. Are rodent traps or rodenticides	☐ YES	□ NO	If YES, please describe:			
actively used at the facility?	LI IL3	L NO	ii 123, piedse deseribe.			
I3. Are herbicides actively used at the	☐ YES	□ NO	If YES, please describe:			
facility? (Including Round-up or pre-emergent sprays)						
I4. Are insecticides actively used at the	☐ YES	□ NO	If YES, please describe:			
facility? (Includes sprays, powders, bait stations.)						
I5. Are insect traps actively used at the	YES	□ NO	If YES, please describe:			
facility? (Includes yellow jacket traps, moth traps, etc.)						
Please provide a photo of pest control measures used at the facility:						
(Attach button)						
Thank you for completing this inspection report!						
This form can be submitted via the 'Submit' button, or by email to stormwater@co.slo.ca.us						
If you have questions or concerns about your facility that you wish to discuss with staff please email:						
central_RPS@co.slo.ca.us						