



## Storm Water Pollution Prevention Plan Site Assessment

Complete this form annually and return it no later than Dec. 15 to *Source Monitoring Environmental Compliance Administrator, 1045 Eaton Drive, Ft. Wright, KY 41017.*

Facility: \_\_\_\_\_

City/County: \_\_\_\_\_ Date: \_\_\_\_\_

Audited By: \_\_\_\_\_

Persons Present: \_\_\_\_\_

### **Vehicle and Equipment Wash Areas**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Are oils and other contaminants prevented from entering the storm water system?  
 Yes  No  Not applicable

Comments: \_\_\_\_\_

### **Drip Pan Storage Areas**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Are drip pans stocked?  Yes  No  Not applicable

Comments: \_\_\_\_\_

### **Refueling Station Locations**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Is there proper containment?  Yes  No  Not applicable

Comments: \_\_\_\_\_

### **Spill Kit Locations**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Is the kit fully stocked?  Yes  No  Not applicable

Comments: \_\_\_\_\_

### **Oil Storage Areas**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Is there proper containment?  Yes  No  Not applicable

Comments: \_\_\_\_\_

**Oil Recycling Areas**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Is there proper containment?  Yes  No  Not applicable  
Comments: \_\_\_\_\_

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**Solvent Storage Areas**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Is there proper containment?  Yes  No  Not applicable  
Comments: \_\_\_\_\_

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**Light Bulb Recycling Areas**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Are the items recycled when the area becomes full?  
 Yes  No  Not applicable  
Comments: \_\_\_\_\_

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**Battery Recycling Areas**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Are the items recycled when the area becomes full?  
 Yes  No  Not applicable  
Comments: \_\_\_\_\_

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**Pesticide and Herbicide Storage Areas**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Is there proper containment?  Yes  No  Not applicable  
Comments: \_\_\_\_\_

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**Material Storage Areas (sand, gravel, mulch, salt)**

Are there designated areas?  Yes  No  Not applicable  
Are the areas properly labeled?  Yes  No  Not applicable  
BMP in place: Is the area covered so it is protected from rainfall?  
 Yes  No  Not applicable  
Comments: \_\_\_\_\_

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**Building and Grounds**

Were any other storm water contamination sources identified during this inspection?  
 Yes  No  Not applicable  
If yes, please explain and note your corrective actions: \_\_\_\_\_

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