

**CON APPENDIX G**  
**USAG-HI Construction Oversight Field Inspection Checklist**

<b>Construction Oversight Field Inspection Checklist</b>			
Inspection Date:		Name and phone # of those present during inspection:	
Time:			
<b>Site Information</b>			
Construction site name:			
Permit number:		Location/ watershed:	
Inspection: <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced		Surface waters located within 50 feet of disturbance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approximate % of exposed site: _____		Phase (if construction site is multi-phased):	
Construction stage: <input type="checkbox"/> Preliminary Stage <input type="checkbox"/> Mass Grading Stage <input type="checkbox"/> Streets and Utilities Stage <input type="checkbox"/> Vertical Construction Stage			
Completed Activities:			
<b>Weather and Discharge Observations</b>			
Weather during inspection: <i>(complete weather observations below if inspection performed during rain event)</i>			
Date rain predicted to occur:		Predicted % chance of rain:	
Estimate storm beginning: (date and time)	Estimate storm duration: (hours)	Estimate time since last storm: (days or hours)	Rain gauge reading: (inches)
Discharge Observations (if inspection performed during a rain event) Location(s):			
Odors	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Floating material	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Suspended Material	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Sheen	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Discolorations	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Turbidity	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>BMP Effectiveness</b>			
<i>(add additional sheets or attached detailed BMP Inspection Checklists)</i>			
Outfalls or BMPs Evaluated	Deficiencies/ Comments		
<b>EROSION CONTROL</b> (vegetation preservation, etc. see SWPPP)			
<b>SEDIMENT CONTROL – Storm drain inlet protection</b>			
<b>HOUSE KEEPING- General housekeeping , washout facilities, litter, solid waste</b>			
<b>SEDIMENT CONTROL – Tracking control</b>			
<b>SEDIMENT CONTROL – Perimeter control/silt fence</b>			
<b>NON-STORMWATER – Vehicle &amp; equipment fueling, storage, and maintenance</b>			
<b>NON-STORMWATER – Other (paving, concrete, water conservation)</b>			

<b>WASTE MANAGEMENT – Material and stockpile management</b>	
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<b>Photos Taken:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Photo Reference IDs:
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<b>Site Inspections, Monitoring, and Sampling</b>
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Requirement		Comments	
<b>SWPPP Retained Onsite:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>SWPPP Site maps Current:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Weekly Inspections Performed:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Amendment log up to date:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Inspections conducted within 24 hours of storm event of &lt; 0.25 inches:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Documented staff training:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Corrective Actions Identified</b>
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Corrective Action:	
Location:	
Follow-up:	Date correction received: _____ Photo reference: _____ Initials: _____
Corrective Action:	
Location:	
Follow-up:	Date correction received: _____ Photo reference: _____ Initials: _____
Corrective Action:	
Location:	
Follow-up:	Date correction received: _____ Photo reference: _____ Initials: _____

<b>Inspector Information</b>
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Inspector Name:	Inspector Title:
Signature:	Date: