

Quarterly Visual Monitoring Form
Fill out a separate form for each outfall sampled.


Sample Location	outfall # 1		
Quarter / Year:		Date / Time Collected:	Date / Time Examined: 5-16-18
Qualifying Storm Event?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Runoff Source:	Rainfall <input checked="" type="checkbox"/> Snowmelt <input type="checkbox"/>
Collector's Name & Title	Andrew Hall		
Examiner's Name & Title			

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the storm water appear to have any color? Yes <input checked="" type="checkbox"/> No (Clear) <input type="checkbox"/>	If Yes, describe: Yellow Brown Red Gray Other: Light Brown
2. Clarity	Is the storm water clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If not clear, which of the following best describes the clarity of the storm water? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other: None
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other: None
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other: None
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: None

Leave sample undisturbed for 30 minutes.

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes) None
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: None

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken. None

Stormwater Collector's Signature and Date:  5-16-18
Stormwater Examiner's Signature and Date:  5-16-18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Instructions for Completing the Visual Monitoring Form

Per Part V.A.3 of this permit, you must collect a storm water sample from each outfall once each quarter for the entire permit term and conduct a visual assessment of each sample. You must follow the monitoring procedures outlined in Part V.C, including sampling at a point before the stormwater discharge mixes with other waste streams, to the extent practicable. These samples should be collected in such a manner that they are representative of the storm water discharge from that outfall. All inspections must be performed during daylight hours, and collected within 30 minutes of a storm event. Each assessment must be kept onsite with your SWPPP and available for inspection and review by the Department at anytime.

First, fill out all information on the top of the visual monitoring form. A qualifying storm event is any storm with greater than ½ inch precipitation. Then, take a grab sample in a clear container. Evaluate the sample in a well-lit area for the following parameters:

1. **Color:** Record the best description of the sample color in the appropriate space on the form.
 2. **Clarity:** This parameter refers to how cloudy the sample is. It is *usually* an indication of fewer pollutants in the water if the sample is clear or transparent. If the clarity has changed since the last sample, try to identify what might have caused this to happen.
 - **Clear** – Sample doesn't block any light; can be seen through regardless of color.
 - **Cloudy** – Sample blocks some light; objects not clear but can be identified looking through the sample.
 - **Very Cloudy** – Sample blocks most light; objects cannot be identified looking through the sample.
 - **Opaque** – Sample blocks all light; objects cannot be seen when looking through the sample.
 3. **Oil Sheen:** Record whether or not an oil sheen is present. If a film of iridescent color is noted on the surface of the sample or a rainbow effect appears to be floating on the surface of the water, this usually indicates oil is present.
 4. **Odor:** If sample has no odor other than natural rainwater or snowmelt, write "NO" on the visual monitoring form. Note the presence of any of the following odors if detected, such as gasoline, diesel, oil, solvents (WD-40, other petroleum products, etc.), garbage, fishy, sweet/sugary, any other unusual odors not normally present in clean runoff from the area sampled.
 5. **Floating Solids:** A contaminated flow may contain solids or liquids floating on the surface. Identifying floatables can aid in finding the source of the contamination. Examples of floatables are spoiled food products, oils, plant parts, solvents, sawdust, foams and fuel. Give a general description of the type of floating solids present (wood chips, leaf debris, algae, etc) in the general comments section for each sample. Identify amount of floating solids as described below.
 - **High** – More than 20% of the surface of the sample is covered with floating solids.
 - **Moderate** – Less than 20% of the surface of the sample is covered with floating solids.
 - **Slight** – Only a few floating particles observed on the surface of the sample.
 - **None** – No floating solids present on the surface of the sample.
 6. **Suspended solids:** Record whether or not suspended solids are present in the sample. Suspended solids are particles floating inside the column of water, not on top, and may contribute to changes in water color or clarity. Cracked or deteriorated concrete or peeling surface paint at an outfall usually indicates the presence of severely contaminated discharges. Contaminants causing this type of damage are usually very acidic or basic.
- **WAIT 30 MINUTES** -----
- Leave the sample undisturbed for 30 minutes to allow the water and anything in it to settle.
7. **Settled Solids:** After 30 minutes has passed, give a general description of the type of settled solids present (sand, decayed plant matter, rust particles, etc.) in the general comments section.
 8. **Foam:** After completing #7, shake the bottle gently. Record foam results on the form as they most closely match one of the descriptions listed below.
 - **None** – Most bubbles break down within ten (10) seconds of shaking; only a few large bubbles persist longer than ten (10) seconds.
 - **Moderate** – Many small bubbles are present but these bubbles persist for less than two (minutes) after shaking.
 - **High** – Many small bubbles are present and they persist longer than two (2) minutes after shaking.
 9. Detail any concerns, corrective actions taken and any other indicators of pollution present in the sample. This should include the identified source if there are visible indicators present in the sample. The person performing test must sign and date each form.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Outfall # 2		
Quarter / Year:	Date / Time Collected:	Date / Time Examined:	5-16-18
Qualifying Storm Event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Runoff Source:	Rainfall <u>1.9</u> Snowmelt
Collector's Name & Title	Andrew Hall		
Examiner's Name & Title			

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the storm water appear to have any color? <input checked="" type="radio"/> Yes <input type="radio"/> No (Clear)	If Yes, describe: Yellow Brown Red Gray Other: <u>Light Brown</u>
2. Clarity	Is the storm water clear? <input checked="" type="radio"/> Yes <input type="radio"/> No	If not clear, which of the following best describes the clarity of the storm water? Suspended Solids <u>Milky/Cloudy</u> Opaque Other: <u> </u>
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other: <u>None</u>
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other: <u>None</u>
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other: <u>None</u>
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: <u>None</u>

Leave sample undisturbed for 30 minutes.

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes) <u>None</u>
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: <u>None</u>

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

None

Stormwater Collector's Signature and Date: _____

Stormwater Examiner's Signature and Date: _____

5-16-18

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Instructions for Completing the Visual Monitoring Form

Per Part V.A.3 of this permit, you must collect a storm water sample from each outfall once each quarter for the entire permit term and conduct a visual assessment of each sample. You must follow the monitoring procedures outlined in Part V.C, including sampling at a point before the stormwater discharge mixes with other waste streams, to the extent practicable. These samples should be collected in such a manner that they are representative of the storm water discharge from that outfall. All inspections must be performed during daylight hours, and collected within 30 minutes of a storm event. Each assessment must be kept onsite with your SWPPP and available for inspection and review by the Department at anytime.

First, fill out all information on the top of the visual monitoring form. A qualifying storm event is any storm with greater than ½ inch precipitation. Then, take a grab sample in a clear container. Evaluate the sample in a well-lit area for the following parameters:

1. **Color:** Record the best description of the sample color in the appropriate space on the form.
2. **Clarity:** This parameter refers to how cloudy the sample is. It is *usually* an indication of fewer pollutants in the water if the sample is clear or transparent. If the clarity has changed since the last sample, try to identify what might have caused this to happen.
 - **Clear** – Sample doesn't block any light; can be seen through regardless of color.
 - **Cloudy** – Sample blocks some light; objects not clear but can be identified looking through the sample.
 - **Very Cloudy** – Sample blocks most light; objects cannot be identified looking through the sample.
 - **Opaque** – Sample blocks all light; objects cannot be seen when looking through the sample.
3. **Oil Sheen:** Record whether or not an oil sheen is present. If a film of iridescent color is noted on the surface of the sample or a rainbow effect appears to be floating on the surface of the water, this usually indicates oil is present.
4. **Odor:** If sample has no odor other than natural rainwater or snowmelt, write "NO" on the visual monitoring form. Note the presence of any of the following odors if detected, such as gasoline, diesel, oil, solvents (WD-40, other petroleum products, etc.), garbage, fishy, sweet/sugary, any other unusual odors not normally present in clean runoff from the area sampled.
5. **Floating Solids:** A contaminated flow may contain solids or liquids floating on the surface. Identifying floatables can aid in finding the source of the contamination. Examples of floatables are spoiled food products, oils, plant parts, solvents, sawdust, foams and fuel. Give a general description of the type of floating solids present (wood chips, leaf debris, algae, etc) in the general comments section for each sample. Identify amount of floating solids as described below.
 - **High** – More than 20% of the surface of the sample is covered with floating solids.
 - **Moderate** – Less than 20% of the surface of the sample is covered with floating solids.
 - **Slight** – Only a few floating particles observed on the surface of the sample.
 - **None** – No floating solids present on the surface of the sample.
6. **Suspended solids:** Record whether or not suspended solids are present in the sample. Suspended solids are particles floating inside the column of water, not on top, and may contribute to changes in water color or clarity. Cracked or deteriorated concrete or peeling surface paint at an outfall usually indicates the presence of severely contaminated discharges. Contaminants causing this type of damage are usually very acidic or basic.

----- **WAIT 30 MINUTES** -----

Leave the sample undisturbed for 30 minutes to allow the water and anything in it to settle.

7. **Settled Solids:** After 30 minutes has passed, give a general description of the type of settled solids present (sand, decayed plant matter, rust particles, etc.) in the general comments section.
 8. **Foam:** After completing #7, shake the bottle gently. Record foam results on the form as they most closely match one of the descriptions listed below.
 - **None** – Most bubbles break down within ten (10) seconds of shaking; only a few large bubbles persist longer than ten (10) seconds.
 - **Moderate** – Many small bubbles are present but these bubbles persist for less than two (minutes) after shaking.
 - **High** – Many small bubbles are present and they persist longer than two (2) minutes after shaking.
 9. Detail any concerns, corrective actions taken and any other indicators of pollution present in the sample. This should include the identified source if there are visible indicators present in the sample. The person performing test must sign and date each form.
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Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	outfall # 3		
Quarter / Year:	Date / Time Collected:	Date / Time Examined:	5-16-18
Qualifying Storm Event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Runoff Source:	Rainfall <input checked="" type="checkbox"/> Snowmelt <input type="checkbox"/>
Collector's Name & Title	Andrew Hill		
Examiner's Name & Title			

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the storm water appear to have any color? <input checked="" type="radio"/> Yes <input type="radio"/> No (Clear)	If Yes, describe: Yellow Brown Red Gray Other: light Brown
2. Clarity	Is the storm water clear? <input checked="" type="radio"/> Yes <input type="radio"/> No	If not clear, which of the following best describes the clarity of the storm water? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other: None
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other: None
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other: None
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: None

Leave sample undisturbed for 30 minutes.

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes) None
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: None

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

None

Stormwater Collector's Signature and Date: 5-16-18

Stormwater Examiner's Signature and Date: 5-16-18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Instructions for Completing the Visual Monitoring Form

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 - **Moderate** – Less than 20% of the surface of the sample is covered with floating solids.
 - **Slight** – Only a few floating particles observed on the surface of the sample.
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6. **Suspended solids:** Record whether or not suspended solids are present in the sample. Suspended solids are particles floating inside the column of water, not on top, and may contribute to changes in water color or clarity. Cracked or deteriorated concrete or peeling surface paint at an outfall usually indicates the presence of severely contaminated discharges. Contaminants causing this type of damage are usually very acidic or basic.

----- **WAIT 30 MINUTES** -----

Leave the sample undisturbed for 30 minutes to allow the water and anything in it to settle.

7. **Settled Solids:** After 30 minutes has passed, give a general description of the type of settled solids present (sand, decayed plant matter, rust particles, etc.) in the general comments section.
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**Form 1
Outdoor Material Handling Areas**

Date of Inspection: 5-11-18 Name of Inspector Andrew Hill

Item	Observation Results						Corrective Action Taken
	Chemical Storage Area		Electrical Transformer & Diesel Fuel Storage		Dewatering/Lime Stabilization Area		
	Yes	No	Yes	No	Yes	No	
Paved areas: Is there evidence of past spills or leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Spill response procedures clearly posted and response equipment available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer equipment: Do hoses, valves or fittings show signs of wear?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Storage structures: Signs of corrosion or material failure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Containment area: Is there evidence of past spills or leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Containment area drains: Drain free of debris?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Containment area: Is containment area free of debris?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Containment area: Are valves for drains in closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Containment area: Are caps for drainage pipes in place?			<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Form 3
Storm Event - Quarterly Inspection and Rainfall Greater than 0.5 inch Inspection

Date of Inspection: 6/27/18 Name of Inspector Jordan Kelly
 Time: 1330 Rainfall amount: <.1"

The following observations must be made once a quarter within the first hour of a storm.

Item	Observation Results							
	Outfall 001		Outfall 002		Outfall 003		Chemical Storage Area	
	Yes	No	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results							
	Paved Parking Areas		Diesel Fuel Storage		Dewatering/Lime-stabilization Area		Paved Roadways	
	Yes	No	Yes	Yes	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The following inspections must be conducted within 12 hours of the end of a storm with rainfall amounts greater than 0.5 inches.

Item	Observation Results							
	Outfall 001		Outfall 002		Outfall 003		General Facility	
	Yes	No	Yes	No	Yes	No	Yes	No
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Excess sediment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Signs of erosion, washouts, & bare spots?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Chemical Containment Structure		Diesel Fuel Containment Structure		Dewatering/Lime-stabilization Process Area		SW Management Area	
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contaminated storm water present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Signs of erosion, washouts, & bare spots?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Form 2
Dry weather - Quarterly Inspection

Date of Inspection: 5-11-18 Name of Inspector Andrew Hall

Item	Observation Results						Corrective Action Taken
	Outfall 001		Outfall 002		Outfall 003		
	Yes	No	Yes	No	Yes	No	
Non-storm water flow present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Excess sediment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Healthy vegetation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Signs of erosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Item	Observation Results						Corrective Action Taken
	Drainage Channel to SW Management Area		SW Management Area		Drainage Channel to Outfall 003		
	Yes	No	Yes	No	Yes	No	
Non-storm water flow present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Excess sediment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Healthy vegetation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Signs of erosion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Form 1
Outdoor Material Handling Areas**

Date of Inspection: 4-12-18

Name of Inspector Andrew Hill / Joe Hill

Item	Observation Results						Corrective Action Taken
	Chemical Storage Area		Electrical Transformer & Diesel Fuel Storage		Dewatering/Lime Stabilization Area		
	Yes	No	Yes	No	Yes	No	
Paved areas: Is there evidence of past spills or leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Spill response procedures clearly posted and response equipment available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer equipment: Do hoses, valves or fittings show signs of wear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Storage structures: Signs of corrosion or material failure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Containment area: Is there evidence of past spills or leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Containment area drains: Drain free of debris?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Containment area: Is containment area free of debris?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Containment area: Are valves for drains in closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Containment area: Are caps for drainage pipes in place?			<input checked="" type="checkbox"/>	<input type="checkbox"/>			