Facility name:  
ID Number:  
Facility Address:  
Facility phone:  
Owner or authorized person:  
Correspondent(s) during Inspection:  
Inspection date:  
Inspection time: (start to finish)  
Inspection Type:  Routine  Monitoring  Enforcement  Follow-up  
Type of Facility  
| Auto Body | Auto Dealer | Auto Repair | Auto Washing & Detailing | Other |

Are all maintenance work performed inside or under covered structures to prevent run-off?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

Are “dry-cleaning” methods used for all outside areas?  Are there visible signs of oil and grease build up?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

Are all storm drains free of trash and debris and properly labeled?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

Are outside trash areas covered and leak resistant?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

Are hazardous liquids and solvents stored within secondary containment?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

Are employees aware/trained about spill prevention and pollution prevention measures?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

Are spill kits and equipment readily available?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

Are all floor drains plumbed to flow to the POTW through oil/water separators?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

Are batteries and scrap metal kept under cover in leak proof containers?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

Have fluids been drained from leaking or wreaked vehicles and engines covered?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

Are good housekeeping measures practiced within closed areas?  e.g.  Dry mopping, sweeping and vacuumed areas?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

If pressure washing of surfaces is done, is wash water collected and properly disposed of to prevent Stormwater pollution?  
Yes  No  N/A  Notes:  ____________________________________________________________________________

NOV Issued:  Yes  No  Violation to be corrected by date: ________________________________

Outreach Materials Distributed?  Yes  No  

Required Actions/Comments:  ____________________________________________________________________________

Signature of Inspector: ___________________________________________  Date: __________________

Title: ___________________________________________  Agency: ____________________________

Signature of Facility Representative: ____________________________________________

Name: (printed) ___________________________________________  Title: __________________

(Note: signature of facility representative does not attest to contents of report, only that inspection occurred)