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Appendix B. BMP Installation Checklist

 Table 4-1. Stormwater Best Management Practice Installation Inspection Checklist (Appendix B)

Stormwater Best Management Practice Installation Inspection Checklist		
Project Title:		
Permit/Plan Number:	Owner Name:	
Inspector Name and Company:	Contractor Name:	
Inspector Contact Information:		
PRE-CONSTRUCTION EFFORT		
Pre-construction site photographs of BMP areas of impact collected:	Yes/No	
If so, photograph log name:		
BMP installation responsibilities contractually defined:	Yes/No	
Expertise required for BMP installation:	Yes/No	
If so, expertise contracted and scheduled:	Yes/No	
Communication expectations established for the following:		
Changes in BMP design:	Yes/No	
Installation requirements not specified in design:	Yes/No	
Material requirements not specified in design:	Yes/No	
Upstream conditions inspected for impact to BMP:	Yes/No	
Diversion methods defined to minimize impact during construction:	Yes/No	
CONSTRUCTION EFFORT		
Weather Conditions:	Inspection Date and Time:	
Antecedent Dry Period: >72 hours 48-72 hours 24-48 hours <24 hours		
BMP Name:	Photograph Number:	
BMP Location:		
Required inspection frequency met:	Yes/No	
BMP protection established and in good condition:	Yes/No	
BMP meets design requirements:	Yes/No	
Design modification required:	Yes/No	
If yes, approving person name and date:		
Maintenance required:	Yes/No	
If yes, specify the following:	Yes/No	
Required action:		
Responsible party:		
Due date:		
FINAL STABILIZATION EFFORT		

Stormwater Best Management Practice Installation Inspection Checklist	
BMP installed per design with no impact from construction activities:	Yes/No
BMP free of debris and sediment:	Yes/No
Upstream conveyance system free of debris and sediment:	Yes/No
Design altered:	Yes/No
If yes, Record Drawing prepared and submitted:	Yes/No
Post-construction site photographs of BMP areas of impact collected:	Yes/No
If so, photograph log name:	
For short-term maintenance:	
Schedule established:	Yes/No
Responsible party:	
Contract executed:	Yes/No
Signature of Inspector:	Date: