

<b>Risk Level 1, 2, 3 Visual Inspection Field Log Sheet</b>						
Date and Time of Inspection:				Report Date:		
Inspection Type:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Before predicted rain	<input type="checkbox"/> During rain event	<input type="checkbox"/> Following qualifying rain event	<input type="checkbox"/> Contained stormwater release	<input type="checkbox"/> Quarterly non-stormwater
<b>Site Information</b>						
Construction Site Name:						
Construction stage and completed activities:					Approximate area of exposed site:	
<b>Weather and Observations</b>						
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)		
Observations: If yes identify location						
Odors	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Floating material	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Suspended Material	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Sheen	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Discolorations	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Turbidity	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<b>Site Inspections</b>						
<b>Outfalls or BMPs Evaluated</b>			<b>Deficiencies Noted</b>			
(add additional sheets or attached detailed BMP Inspection Checklists)						
Photos Taken:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Photo Reference IDs:			
<b>Corrective Actions Identified (note if SWPPP/REAP change is needed)</b>						
<b>Inspector Information</b>						
Inspector Name:				Inspector Title:		
Signature:					Date:	

<b>Risk Level 2 Effluent Sampling Field Log Sheets</b>			
Construction Site Name:		Date:	Time Start:
Sampler:			
Sampling Event Type:	<input type="checkbox"/> Stormwater	<input type="checkbox"/> Non-stormwater	<input type="checkbox"/> Non-visible pollutant
Field Meter Calibration			
pH Meter ID No./Desc.:		Turbidity Meter ID No./Desc.:	
Calibration Date/Time:		Calibration Date/Time:	
Field pH and Turbidity Measurements			
Discharge Location Description	pH	Turbidity	Time
Grab Samples Collected			
Discharge Location Description	Sample Type		Time
Additional Sampling Notes:			
Time End:			

<b>Risk Level 3 Effluent Sampling Field Log Sheets</b>			
Construction Site Name:		Date:	Time Start:
Sampler:			
Sampling Event Type:	<input type="checkbox"/> Stormwater	<input type="checkbox"/> Non-stormwater	<input type="checkbox"/> Non-visible pollutant
Field Meter Calibration			
pH Meter ID No./Desc.:		Turbidity Meter ID No./Desc.:	
Calibration Date/Time:		Calibration Date/Time:	
Field pH and Turbidity Measurements			
Discharge Location Description	pH	Turbidity	Time
Grab Samples Collected			
Discharge Location Description	Other (specify)	Time	
Additional Sampling Notes:			
Time End:			

<b>Risk Level 3 Receiving Water Sampling Field Log Sheets</b>			
Construction Site Name:		Date:	Time Start:
Sampler:			
<b>Receiving Water Description and Observations</b>			
Receiving Water Name/ID:			
Observations:			
Odors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Floating material	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Suspended Material	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sheen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Discolorations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Turbidity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Field Meter Calibration</b>			
pH Meter ID No./Desc.:		Turbidity Meter ID No./Desc.:	
Calibration Date/Time:		Calibration Date/Time:	
<b>Field pH and Turbidity Measurements and SSC Grab Sample</b>			
<b>Upstream Location</b>			
Type	Result	Time	Notes
pH			
Turbidity			
SSC	Collected Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Downstream Location</b>			
Type	Result	Time	Notes
pH			
Turbidity			
SSC	Collected Yes <input type="checkbox"/> No <input type="checkbox"/>		
Additional Sampling Notes:			
Time End:			