

**MCSTOPPP Municipal Hot Spot Facility
Quarterly Visual Observation Form**

I. General Information	
a. Date and Time of Observations:	b. Name of Staff Conducting Observations (Please Print):
c. Facility Number:	d. Facility Name:
e. Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide photo reference IDs and attach copies to the report.

f. Weather at Time of Inspection: Clear Overcast Rain

II. Non-Stormwater Discharge Point Observations (discharge points identified in SWPPP)

a. Were any non-stormwater discharges observed? Yes No

**b. If Yes, identify source of the non-stormwater discharge and identify correction action in Section IV.
Source of Discharge:**

c. Identify if the discharge contained any of the following:

Floating or Suspended Material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA (if no discharges)
Oil Sheen.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA (if no discharges)
Discoloration.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA (if no discharges)
Turbidity.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA (if no discharges)
Odor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA (if no discharges)
Did discharge enter storm drain drop inlets?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA (if no discharges)

III. Hot Spot Facility Visual Observations

a. Any surface stains?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Evidence of sediment, sand, mud on pavement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Evidence of trash or litter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Evidence of improperly stored materials that may release pollutants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Evidence of potential or actual discharge of pollutants?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Evidence of missing or inadequate BMPs?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IV. Corrective Actions

If any of the above is yes, describe and identify the corrective action and date action is completed.

Issue	Correction Action Planned	Date Completed ¹

¹. Add and initial date when action is completed.

Attach additional pages or supplemental information if needed.