



City and County of Honolulu

## Construction Site BMPs Inspection Checklist For CCH Category 1A, 1B, 2, 3, and 4 and Trenching Projects

General Information				
Project Name: _____			Date: _____	
ESCP Coordinator: _____	Phone #: _____		Email: _____	
Location: _____		TMK: _____ - _____ - _____	:	
Owner/Authorized Agent: _____	Phone #: _____		Email: _____	
Contractor: _____	Phone #: _____		Email: _____	
1. City Permit (check all that apply)	<input type="checkbox"/> Building #: _____ <input type="checkbox"/> Grubbing #: _____ <input type="checkbox"/> Trenching #: _____	Exp. Date: _____ Exp. Date: _____ Exp. Date: _____	<input type="checkbox"/> Grading #: _____ <input type="checkbox"/> Stockpiling #: _____	Exp. Date: _____ Exp. Date: _____
2. Other Permits (list all): _____				

Inspection Type
<input type="checkbox"/> Pre-construction inspection <input type="checkbox"/> Regular Monthly Inspection (Category 1A, 1B, 2) <input type="checkbox"/> Regular Weekly Inspection (Category 3, 4, Trenching) <input type="checkbox"/> Re-inspection

Project Phase (check all that apply)
<input type="checkbox"/> Mobilization / Demolition <input type="checkbox"/> Grubbing / Clearing <input type="checkbox"/> Rough Grading <input type="checkbox"/> Infrastructure / Utilities
<input type="checkbox"/> Building Construction <input type="checkbox"/> Final Grading <input type="checkbox"/> Final Stabilization

Records Review (If "No" is checked for any of the following columns, complete <b>Deficiencies / Corrective Action Report</b> on page 3.)		
	Available at Site	Complete, Signed, and Current
Pre-Construction Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weekly or Monthly Construction Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion and Sediment Control Plan (ESCP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Construction BMP Inspection Results** (Mark the BMPs that are required per Plan for each column)

Construction BMP	Installed / Maintained		Number of Deficiencies
<b>Erosion Prevention</b>			
<input type="checkbox"/> Project Planning and Design	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Project Scheduling	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Slope Management and Protection	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Temporary Stabilization	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Permanent Stabilization	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Diversion BMPs to divert runoff from upstream areas around disturbed areas	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Velocity Dissipation Devices	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Other:	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Construction BMP	Installed / Maintained		Number of Deficiencies
<b>Sediment Control</b>			
<input type="checkbox"/> Inlet and Storm Drain Protection	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Perimeter Control	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Other:	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Construction BMP	Installed / Maintained		Number of Deficiencies
<b>Good Housekeeping</b>			
<input type="checkbox"/> BMP and Site Maintenance	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Dust Control	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Material Delivery, Storage, and Use BMPs	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Stockpiling Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Spill Prevention and Control	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Solid Waste Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Hazardous Waste Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Contaminated Soil Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Concrete Waste Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Sanitary / Septic Waste Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Liquid Waste Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Vehicle & Equipment Cleaning	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Vehicle & Equipment Fueling	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Vehicle & Equipment Maintenance	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Vehicle Tracking Control	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Stabilized Construction Entrance and Exit	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Dewatering Operations BMPs.	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Other:	<input type="checkbox"/> Y	<input type="checkbox"/> N	



Deficiencies / Corrective Action Reports <i>(attach additional pages as needed)</i>	
<b>Photo # 1</b>	<b>Photo # 2</b>
Taken By: _____ Date: _____	Taken By: _____ Date: _____
Description: _____	Description: _____
Comments:	Comments:
Status: _____ Priority: _____	Status: _____ Priority: _____
Corrected by (initials) _____ Date: _____	Corrected by (initials) _____ Date: _____
Comments:	Comments: