

## EJIF Municipal Inspection Checklist

Municipality Name: \_\_\_\_\_  
 Administrator/Clerk: \_\_\_\_\_  
 Primary DPW Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 DPW Physical Address: \_\_\_\_\_  
 DPW Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail address(es): \_\_\_\_\_

**Number of facilities that Municipality operates:**

\_\_\_\_\_ DPW/ Maintenance Garage    \_\_\_\_\_ Recycling Depot    \_\_\_\_\_ Drinking water wells  
 \_\_\_\_\_ Sewage Treatment Plants    \_\_\_\_\_ Water Treatment Plants    \_\_\_\_\_ Collection/Distribution Systems  
 \_\_\_\_\_ Sanitary Pump/Lift Stations    \_\_\_\_\_ Marina    \_\_\_\_\_ Other: \_\_\_\_\_

Has the Municipality acquired any additional properties/facilities in the past year? \_\_\_Y \_\_\_N \_\_\_Unknown (Indicate in Notes)  
 Is EJIF Poster posted in DPW or in accordance with emergency procedures? \_\_\_Y \_\_\_N

### SECTION I – USTs

	YES	NO	N/A	POINT DEDUCTION
1. How many active USTs are listed in the database? _____ New? _____ Removed since last inspection? _____				
2. Has the inspector confirmed UST information from the EJIF Municipality database with the Municipal Representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Is each regulated UST registered with NJDEP? If no (-10 pts), list: _____ (Heating Oil USTs are regulated when a facility's aggregate HO volume exceeds 2,000 gallons.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Have all unregulated Heating Oil USTs older than 15 years passed an integrity test within the past year? (If no, -2 pts) Date of last test: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Does each facility have a Release Response Plan? (If no, -5 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Does each UST facility have a NJDEP licensed A, B, and C Operator? (If no, -10 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are records present for monthly Release Detection Monitoring (RDM) tests? (If no, -2 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are all systems indicated to be functioning properly? (If no, -10 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Date of last Annual RDM system test (if not tested, -5 pts) – Tank(s) _____ Piping _____				_____
• Date of last Spill Bucket/Dispenser Sump Tightness test (if not tested Tri-annually, -5 pts) _____				_____
• Date of last CP test – Tank(s) _____ Piping _____				_____
9. Is an overflow alarm audible and/or visible from the filling area, or is a flow-restrictor present? (Not applicable for USTs receiving less than 25 gallons per drop) (If no, -2 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are records present for monthly sump, spill bucket and pre-delivery inspections? (Not applicable for USTs receiving less than 25 gallons per drop) (If no or if a spill bucket is not present, -2 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Are all fill ports marked according to API #1637? Unmarked ports: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Has the facility been inspected by the NJDEP/County within the past year? If so, have any deficiencies or Notices of Violations been issued for areas of noncompliance? (If yes, please obtain copy of inspection report.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**SUBTOTAL** \_\_\_\_\_

**SECTION II – ASTs**

- 1. How many Petroleum ASTs are listed in the database? \_\_\_\_\_ New? \_\_\_\_\_ Removed since last inspection? \_\_\_\_\_
- 2. How many Chemical ASTs are listed in the database? \_\_\_\_\_ New? \_\_\_\_\_ Removed since last inspection? \_\_\_\_\_

	YES	NO	N/A	POINT DEDUCTION
3. Has the inspector confirmed AST information from the EJIF Municipality database with the Municipal Representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does each Petroleum tank have secondary containment? <i>(-5 pts) OR</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Does each Chemical tank have secondary containment? <i>(-5 pts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Does each Petroleum tank have external protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does each Chemical tank have external protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the facility regularly inspect the tanks, piping, sumps, hoses, spill buckets and secondary containment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are there any leaks, drips or spills associated with any AST? <i>(-5 pts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are there underground pipes associated with any AST? <i>(If no testing, -5 pts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

- *Date of last RDM test:*  
\_\_\_\_\_
- *Date of last CP test:*  
\_\_\_\_\_

**AST Notes:**

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**SECTION III – SPCC**

- |                                                                                                                                                                                                         |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                         | <b>YES</b>               | <b>No</b>                |
| 1. Does any facility have a total aboveground oil storage capacity >1,320 gallons?                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Could local surface waters, wetlands, dry stream beds, or storm water systems potentially be affected by a spill from petroleum products and/or other oil storage at that/those facility/facilities? | <input type="checkbox"/> | <input type="checkbox"/> |

***If the answers were “YES” in No.1 and No. 2, this facility is subject to SPCC regulation.***

Please list each facility subject to SPCC:

Facility	Total Facility Capacity	Potentially Impacted Navigable Waters	Distance from Conduit to Nearest Source	SPCC Plan Available?	
				Y	N
				Y	N
				Y	N

- |                                                                                  |                          |                          |                          |                        |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------|
|                                                                                  | <b>YES</b>               | <b>No</b>                | <b>N/A</b>               | <b>POINT DEDUCTION</b> |
| 3. Has an SPCC Plan been implemented for each facility? <i>(If no, -5 pts)</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
| 4. Have the following been implemented for each SPCC Plan:                       |                          |                          |                          |                        |
| a. Secondary containment/Site improvements                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| b. Overfill protection                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| c. Spill protection                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| d. Annual SPCC training <i>(If no, -2 pts)</i>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
| 5. Has this facility had any spill incidents reported to NJDEP in the past year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 6. Does the municipality have arrangements with a Spill Response Contractor?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 7. Does the municipality have arrangements with Local Emergency Response?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                        |

**SECTION IV – MAINTENANCE**

**YES    NO    N/A            POINT  
DEDUCTION**

- |                                                                                                                                                            |                          |                          |                          |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| 1. Is salt stored in a permanent structure that is walled and roofed with an impermeable floor, or a steel-framed fabric structure? <i>(If no, -5 pts)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Signs of salt spillage? <i>(-2 pts)</i>                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |                          | _____ |
| 3. Established & implementing salt/deicing material storage/handling BMP?                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |                          | _____ |
| 4. Any derelict/abandoned vehicles?<br><i>If less than 5 vehicles, -2 pts</i><br><i>If 5 or more vehicles, -5 pts</i>                                      | <input type="checkbox"/> | <input type="checkbox"/> |                          | _____ |
| 5. Evidence of vehicle fluid leakage outside? <i>(If yes, -5 pts)</i><br>Explain: _____<br>_____                                                           | <input type="checkbox"/> | <input type="checkbox"/> |                          | _____ |

**SUBTOTAL** \_\_\_\_\_

**SECTION V – NJPDES**

**A. POINT SOURCE**

**YES No N/A**

- 1. Does this facility have any functioning floor drains? *(If yes, -1 pt)*   \_\_\_\_\_
- 2. Does this facility have an Oil-Water Separator?   \_\_\_\_\_
- 3. Is the separator cleaned/maintained on a regular basis?    \_\_\_\_\_
- 4. When was the last time it was cleaned/maintained? \_\_\_\_\_
- 5. Where does the Oil-Water Separator/Floor drains ultimately discharge?

Check all that Apply:

**WATER OIL N/A**

- Discharge to POTW *(If discharge not permitted, -5 pts)*    \_\_\_\_\_
- Discharge to Storm / Surface Water *(If discharge not permitted, -15 pts)*    \_\_\_\_\_
- Discharge to Groundwater / Dry Well *(If discharge not permitted, -30 pts)*    \_\_\_\_\_
- Oil Water Separator (Oil reservoir within unit)    \_\_\_\_\_
- Storage Tank (AST or UST)    \_\_\_\_\_

**YES No N/A**

- 6. Is there any history of septic system use at this facility?  
If so, when? \_\_\_\_\_
- 7. If present, is the following unpermitted discharge directed to the environment?  
 Air Compressor Blowdown *(If yes, - 2 pts)*   \_\_\_\_\_

**B. NON-POINT SOURCE**

**YES No N/A**

- 8. Does this facility have any storm drains?  
*(If storm drains are located within 25 ft of any petroleum or hazardous chemical storage, -10 pts)*   \_\_\_\_\_
- 9. Do vehicle wash waters from this facility discharge to the environment?  
*(If yes, -5 pts) Describe: \_\_\_\_\_*    \_\_\_\_\_
- 10. Are any dumpsters/roll-offs storing non-recyclables/garbage/trash  
leaking *(-5 pts)* or exposed to precipitation? *(-2 pts)*    \_\_\_\_\_
- 11. Has the municipality submitted an updated SPPP electronically to the Dept?  
*(Existing Tier A due June 30, 2023; Former Tier B due December 31, 2023)*    \_\_\_\_\_
- 12. Does the municipality submit annual certification of its SPPP?    \_\_\_\_\_
- 13. Does the municipality have a dedicated stormwater page on its website  
*(Tier A due March 31, 2023; Former Tier B due December 31, 2023)*    \_\_\_\_\_
- 14. Are the municipality's SPPP and SMP posted on its website?  
*(-2 pts for each document not posted)*    \_\_\_\_\_
- 15. Has training been presented to, and documented for, the following:
  - a. Municipal Employees (annual) *(-2 pts)*    \_\_\_\_\_
  - b. Governing Body members (once per elected term)    \_\_\_\_\_
  - c. SPCs attend mandatory Department training (once per  
permit cycle *(Due by 12/31/2025 for all Permittees)*)    \_\_\_\_\_

**B. NON-POINT SOURCE (CONTINUED)**

**YES NO N/A**

16. Is the facility implementing each of the SPPP-required SOPs:
- a. Fueling Operations
  - b. Vehicle Maintenance
  - c. Good Housekeeping
17. Is aggregate material and construction debris stored in accordance with-the Municipal Stormwater Permit (i.e., 50 ft. away from stormwater inlets? (-2 pts) Removed within 6 months?    \_\_\_\_\_
18. Has a digital copy of the municipality's stormwater Outfall Map been provided to the NJDEP (due date: December 21, 2020)? (-2 pts)   \_\_\_\_\_
19. Does the facility conduct Monthly inspections of the yard to check for illicit discharges/runoffs etc. that may impact its MS4? (-2 pts)   \_\_\_\_\_  
Monthly logs kept onsite? (Due 01/01/2023 for existing Tier A and by 12/31/2023 for former Tier B Permittees) (-2 pts)   \_\_\_\_\_
20. Has the municipality developed an updated MS4 Infrastructure Map, posted to stormwater webpage, and submitted electronically to the Department? (Due 12/31/2025 for all Permittees)    \_\_\_\_\_

**SUBTOTAL** \_\_\_\_\_

**SECTION VI – ROAD WASTE**

Yes No

1. Does this facility generate road waste from street sweeping or stormwater / sanitary system maintenance?  Yes  No
2. How is the material stored prior to disposal? (check all that apply)
 

<input type="checkbox"/> Covered	<input type="checkbox"/> Impervious Ground	<input type="checkbox"/> Roll-Off Container/Dumpster
<input type="checkbox"/> Uncovered	<input type="checkbox"/> Pervious Ground	
3. Potential for stored sweepings runoff to impact stormwater? (If yes -2 pts)  Yes  No \_\_\_\_\_
4. Does the municipality track how much road waste material is generated on a monthly basis?  Yes  No
5. How does the municipality dispose of the road waste:
 

<input type="checkbox"/> Landfill	<input type="checkbox"/> Re-use (describe: _____)
<input type="checkbox"/> Outside Contractor	<input type="checkbox"/> Other (describe: _____)
6. How is liquid waste generated from stormwater inlet cleaning operations disposed of:
 

<input type="checkbox"/> Discharged to POTW	<input type="checkbox"/> Discharged to stormwater system (-3pts)	_____
<input type="checkbox"/> Contained on drying pad	<input type="checkbox"/> Discharged to soil / groundwater (-3pts)	_____
<input type="checkbox"/> Disposed of with sweepings		

**SECTION VII – WASTE MANAGEMENT**

INSIDE/COVERED    OUTSIDE    NO    POINT DEDUCTION

1. Waste Paint & Finishes (If stored incorrectly, -2 pts)  INSIDE/COVERED  OUTSIDE  NO \_\_\_\_\_
2. Used Tires (If stored incorrectly, -2 pts)  INSIDE/COVERED  OUTSIDE  NO \_\_\_\_\_
3. Contaminated Absorbent (If stored incorrectly, -2 pts)  INSIDE/COVERED  OUTSIDE  NO \_\_\_\_\_
4. Universal Wastes
 

Used Lead Acid Batteries (If stored incorrectly / evidence of staining, -2 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Waste Lamps (Fluorescents, -2 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Computers and Electronics (If in exposed/open top containers, -2 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**SECTION VIII – CONTAINER MANAGEMENT**

Yes No N/A

1. Are stored compressed gas cylinders on cart or secured, capped and separated properly? (If no, -3 pts)  Yes  No  N/A
2. Drum Storage:  Yes  No
 

FACILITY/LOCATION	QTY.	SIZE	CONTENTS	NOTES
3. Evidence of fluid leakage from drums? (If yes, -5 pts)  Yes  No  N/A
4. Any unlabeled drums or drums w/unknown contents?  Yes  No  N/A
 

1-5 drums (-5 pts)	6-10 drums (-10 pts)	11 or more (-15 pts)
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5. Are there any unprotected storage of petroleum or hazardous chemicals within:
 

5 feet of a floor drain (-10 pts)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10 feet of a floor drain (-2 pts)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Is outside drum storage properly managed? (If no, -5 pts)  Yes  No  N/A
7. Is a spill kit available to all potential spill sources, including:
 

a. Aboveground storage tanks and fueling areas (If no, -2 pts)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Drums and maintenance areas (If no, -2 pts)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. On vehicles with hydraulic lines (recommended)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**SUBTOTAL** \_\_\_\_\_

**SECTION IX – AIR EMISSIONS**

1. Are there any **boilers/heaters** within the municipality rated at 1,000,000 BTU/hr or greater? YES  NO
2. Are there any **emergency generators** rated at 1,000,000 BTU/hr or greater (>85 kW)?

List each regulated boiler/heater/emergency generator that is not in the database or does not have a valid air permit:

TYPE OF COMBUSTION UNIT (B/H/EG)	FACILITY/LOCATION	MAKE & MODEL	RATING (kW OR BTU/HR)	FUEL TYPE	HAS REQUIRED PERMIT?		PERMIT NO. & EXPIRATION DATE	IS PERMIT POSTED BY UNIT?	
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N

4. Is the municipality maintaining proper operational records regarding during testing and maintenance of emergency generators with a power output of 37kW or greater? YES  NO  N/A
5. Are there any **gasoline storage tanks** containing 2,000 gallons or greater?

List each regulated gasoline tank that is not in the database or does not have a valid air permit:

FACILITY/LOCATION	MAKE & MODEL	AST OR UST SYSTEM	SIZE (GALLONS)	PERMIT NO. & EXPIRATION DATE

6. If Stage II Vapor Recovery (Balance System only) is installed on any gasoline storage tank(s), is the system maintained and tested as per NJDEP Operating Rules?
7. Are there any **parts washers** that are subject to air permitting\* or operating rules\*\*?

\*An Air Permit is required when the open-top measures more than 6 square feet -OR- the solvent storage capacity is more than 100 gallons  
 \*\*Operating Rules apply when the Cold-Solvent Parts Cleaner stores 2 gallons or more of solvent



**SECTION X – WATER AND SEWER**

YES NO LOCATION

1. Is this municipality responsible for their own:
  - Water Department?   \_\_\_\_\_
  - Water Treatment Plant?   \_\_\_\_\_
  - Sewer Department?   \_\_\_\_\_
  - Wastewater Treatment Plant?   \_\_\_\_\_
2. Has there been any infrastructure added or heavily modified within the last 5 years? \_\_\_\_\_
3. What percentage of the system is pressurized? \_\_\_\_\_
4. How many sanitary pump, or lift stations does this municipality own/operate? \_\_\_\_\_
5. How many of these facilities have emergency generators? \_\_\_\_\_
6. How many of these facilities have ASTs or USTs? \_\_\_\_\_
7. Do you have an emergency response plan detailing the procedures for handling an emergency if any of the lift/pump stations fail? (If no, -5 pts)   \_\_\_\_\_

**SECTION XI – RECYCLING**

YES NO

1. Does the municipality own or operate a Recycling Depot?    
 If yes, please indicate address: \_\_\_\_\_

2. Indicate which of the following materials are accepted at this depot:

- |                                               |                                                                       |                                            |
|-----------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Plastic Containers   | <input type="checkbox"/> Appliances (White Goods)                     | <input type="checkbox"/> Leaves and Brush  |
| <input type="checkbox"/> Steel Containers     | <input type="checkbox"/> Electronic Components                        | <input type="checkbox"/> Grass Clippings   |
| <input type="checkbox"/> Aluminum Cans        | <input type="checkbox"/> Tires                                        | <input type="checkbox"/> Propane Canisters |
| <input type="checkbox"/> Other Aluminum Scrap | <input type="checkbox"/> Used Oil                                     | <input type="checkbox"/> Clothing/Textiles |
| <input type="checkbox"/> Glass Containers     | <input type="checkbox"/> Used Antifreeze                              |                                            |
| <input type="checkbox"/> Other Glass          | <input type="checkbox"/> Paper, Mail, Magazines, Cardboard, Newspaper |                                            |
| <input type="checkbox"/> Metal Scrap          | <input type="checkbox"/> Other (please list): _____                   |                                            |

3. Is the Recycling Depot approved for coverage on the database report?     
 (Please review with the municipal representative)

Please check all of the following deficiencies that apply to the Recycling Depot:

	1.	<b>Improper acceptance or management of tires, contrary to the requirements of N.J.A.C. 7:26A-1.4(a)5;</b>
	2.	Improper acceptance or management of Class B recyclable materials, contrary to the requirements of N.J.A.C. 7:26A-1.4(a)8;
	3.	<b>Waste oil collection and storage procedures insufficient to reduce the potential of environmental contamination resulting from spillage;</b>
	4.	<b>Acceptance of hazardous wastes at the recycling center, contrary to the requirements of N.J.A.C. 7:26A-4.1(a)5;</b>
	5.	Improper acceptance or management of tree branches, tree limbs, and brush, contrary to the requirements of N.J.A.C. 7:26A-1.4 (a)3;
	6.	<b>Lead acid battery storage procedures insufficient to reduce the potential of environmental contamination due to battery leakage;</b>
	7.	Discarded appliance handling procedures insufficient to reduce the potential of environmental contamination due to the release of refrigerants;
	8.	Insufficient site access controls or site supervision to prevent the drop-off of hazardous or otherwise prohibited waste materials at the recycling center.

YES NO N/A

4. If a deficiency exists in items 1, 3, 4 or 6 above, does the inspector recommend continued coverage for this facility?

Yes No N/A

5. Does this municipality have a composting or transfer operation?

If yes, please indicate address \_\_\_\_\_

6. If yes, does this municipality have an Exemption or General Approval issued by the NJDEP to operate the facility? Permit # \_\_\_\_\_ Exp. \_\_\_\_\_

**SUBTOTAL** \_\_\_\_\_

## SECTION XII – NEW CONCERNS

### Drinking Water

1. Does the municipality supply potable water to its residents and/or other municipalities? Yes - No
2. Are the PFAs results below the NJDEP Ground Water Quality Standards (GWQS)? Yes - No

### INSPECTION SUMMARY

Subtotal page 1 = \_\_\_\_\_

Subtotal page 4 = \_\_\_\_\_

**100**

Subtotal page 6 = \_\_\_\_\_

-- \_\_\_\_\_ (Total Point Deduction)

Subtotal page 7 = \_\_\_\_\_

Subtotal page 10 = \_\_\_\_\_

**FINAL SCORE:**

Total Point Deduction = \_\_\_\_\_

**EJIF INSPECTOR:** \_\_\_\_\_

**DATE OF INSPECTION:** \_\_\_\_\_

Please note this checklist is intended to be a summary of targeted environmental concerns. It does not include all potentially applicable USEPA or NJDEP requirements. If you have questions related to compliance with environmental regulations, please contact FE.

**MUNICIPAL REPRESENTATIVE NAME (PRINT):** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**INSPECTOR NOTES:**

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