

# SITE EROSION CONTROL INSPECTION FORM

**Inspection Date:** \_\_\_\_\_  
**Project Manager:** \_\_\_\_\_  
**Field Office Phone #:** \_\_\_\_\_  
**Prime Contractor:** \_\_\_\_\_  
**EC Sub Contractor:** \_\_\_\_\_

PROJECT I.D	
LOCATION	
DESCRIPTION	

**Reason for Inspection:** \_\_\_\_\_  
**Estimated percent of project open and not landscaped:** \_\_\_\_\_

Weekly    Rain    Stage    Other    \_\_\_\_\_ (circle one)    Weather: \_\_\_\_\_

<u>Modifications Required:</u>	YES	NO	Not Applicable	<u>Modifications Required:</u>	YES	NO	Not Applicable
Silt Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mulch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ditch Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turbidity Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riprap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temp. Diversion Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temp. Settling Basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Seeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grading Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Seeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ECIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** Any boxes checked "YES" must have comments and recommendations. Describe them below.

**Comments/Recommendations** concerning the effectiveness of, and any reasonable corrections needed to maintain or increase the effectiveness of, in-place erosion control and storm water management measures are described below by the individual erosion control item or other general erosion control measures. (Trans 401.10)

EROSION CONTROL ITEM	COMMENTS / RECOMMENDATIONS
_____	_____
_____	_____
_____	_____
_____	_____

**COMMUNICATION NOTES:**

To Whom	Type of Communication (circle one)	Comments
_____	Direct E-mail Phone Fax Written Order Diary _____	_____
_____	Direct E-mail Phone Fax Written Order Diary _____	_____

# Description of Erosion Control Site Inspection Report

The form may be printed and used in the field for notes and/or as an electronic record of erosion control inspections. Contractor follow-up is mandated in Trans 401.10 and is a required part of this inspection report. If the contractor fails to accomplish the required corrective actions enforcement as required in Trans 401.11 will result.

## General Information

- Provide date of inspection, inspector(s), general construction project information, project staff, and contractors involved including appropriate phone numbers.

## Best Management Practices Evaluation

- Include specific comments regarding erosion and sediment control BMPs throughout the project.
  - Are the BMPs implemented and installed correctly?
  - Are they adequately installed for site conditions?
  - Are they functioning properly?
- For each applicable BMP, list detailed information not only regarding specific failures and deficiencies, but also successes and improvements. It is usually helpful to reference location.
- Mark appropriate box.
- If corrective actions are needed, indicate what should be done to remedy deficiencies in the "Required Corrective Actions" column.
- When the contractor has taken corrective action, record the date it was implemented and/or accepted (satisfactory installation).
- Utilize "Other" and "General Comments" sections as needed.

## Mobilizations

- Note whether the corrective actions will require a mobilization (substantial replacements/additions, heavy equipment, extensive labor force, etc.) by checking "yes." If a mobilization is not required (i.e., normal, small-scale maintenance) check "no."
- If a mobilization is required, check which type is required. Note that a \$300/day fine is associated with non-response to either mobilization after the grace period indicated on the form has passed.

## Signature Lines

- Sign, date, and record the time at which this form was submitted to the contractor. Also record the type of contact (direct, fax, e-mail, phone call, etc.).
- For routine maintenance, the contractor is required to respond within 24 hours of receiving notification. When the required corrective actions have been completed, the contractor should sign and date (including time) the form and submit it to the project engineer (or other responsible person).
- The corrective actions taken by the contractor must be properly installed and accepted by the project engineer (or other responsible person). This acceptance is indicated by the project engineer's signature on the final line.