


Name of Inspector: Frank Donroe		Signature: 	
Date of Inspection: 1-8-21		Time inspection started: 1pm	
1) UPON COMPLETION, RETURN THIS FORM AND REPORT ALL IDENTIFIED PROBLEMS IMMEDIATELY TO THE WEP COORDINATOR.			
Key: Satisfactory - S, Not Applicable - NA, See Comment Section - C		AREAS SUBJECT TO INSPECTION	
Process Wastewater Management		Southside of Bldg.	Northside of Bldg.
Are there any hoses or signs of washing of vehicles or equipment (e.g. floats) outside?		S	S
Interview one employee to assess compliance with this policy?			
Is there a posting inside the building notifying workers of proper process waste water management?		S	S
Are there posting outside the building notifying workers of proper process wastewater management		S	S
		Name: Jeff xxxxx	
Additional Comments			

IMMEDIATELY CONTACT THE WEP COORDINATOR WITH ANY IDENTIFIED DEFICIENCIES AT (516) 204-5093. IF NOT AVAILABLE CONTACT SECURITY AT GATE 6 BACK STRETCH AT (718) 641-7400 OR AQUEDUCT MAIN SECURITY AT (718) 659-3511