


Name of Inspector: Frank Donroe		Signature: 	
Date of Inspection: 10-12-20		Time inspection started: 2pm	
<b>1) UPON COMPLETION, RETURN THIS FORM AND REPORT ALL IDENTIFIED PROBLEMS IMMEDIATELY TO THE WEP COORDINATOR.</b>			
Key:		AREAS SUBJECT TO INSPECTION	
Satisfactory - S, Not Applicable - NA, See Comment Section - C		Southside of Bldg.	Northside of Bldg.
<b>Process Wastewater Management</b>			
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?			Name: Phil xxxxxx
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
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			