

Name of Inspector: Frank Donroe
 Signature: *[Handwritten Signature]*
 Date of inspection: 6-24-22
 Time inspection started: 12pm

1) UPON COMPLETION, RETURN THIS FORM AND REPORT ALL IDENTIFIED PROBLEMS IMMEDIATELY TO THE W.P. COORDINATOR.

Key:		AREAS SUBJECT TO INSPECTION		Additional Comments
Satisfactory - S, Not Applicable - NA, See Comment Section - C		Southside of Bldg.	Northside of Bldg.	
Process Wastewater Management				
Are there any hoses or signs of washing of vehicles or equipment (e.g. floats) outside?	S	S	S	
Interview one employee to assess compliance with this policy?				Name: Jeff xxxxx
Is there a posting inside the building notifying workers of proper process waste water management?	S	S	S	
Are there posting outside the building notifying workers of proper process wastewater management	S	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