

Name of Inspector: Frank Donroe
 Signature: *[Handwritten Signature]*
 Date of inspection: 8-26-22
 Time inspection started: 2pm

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

AREAS SUBJECT TO INSPECTION		Additional Comments
Southside of Bldg.	Northside of Bldg.	
Key: Satisfactory - S, Not Applicable - NA, See Comment Section - C		
Process Wastewater Management		
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		

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