

Name of Inspector: Frank Donrae Signature: *[Signature]*  
 Date of inspection: 9-22-23 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.	
<b>Process Wastewater Management</b>			
Are there any hoses or signs of washing of vehicles or equipment (e.g. floats) outside?	S	S	No horses on site
Interview one employee to assess compliance with this policy?			Jeff xxxx
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	

**Other Issues:**

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