

Name of Inspector: **Frank Donroe** Signature: 

Date of Inspection: 11-30-19 Time Inspection started: 1pm

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.	
<p>Process Wastewater Management</p> <p>Key: Satisfactory - S, Not Applicable - NA, See Comment Section - C</p>		
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: jeff 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