

Oil-Water Separator Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: _____ <input type="checkbox"/> none			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Do not enter underground detention chambers to inspect system unless Occupational Safety & Health Administration (OSHA) regulations for confined space entry are followed.

*Follow inspection and maintenance instructions and schedules provided by system manufacturer and installer.

* Properly dispose of all wastes.

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. INLETS		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash, or debris has accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. OIL CONTAINMENT CHAMBER		
Oil volume threshold has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil-absorbing pads are saturated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. SEDIMENT COLLECTION CHAMBER		
Sediment accumulation threshold has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sludge accumulation threshold at bottom of chamber has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. OTHER SYSTEM COMPONENTS		
Structural deterioration is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spills or leaks are evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. OUTLETS		
Outlets in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OTHER		
Evidence of ponding water on area draining to system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence that water is not being conveyed through the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes		
Wet weather inspection needed <input type="checkbox"/> Yes <input type="checkbox"/> No		

Site Sketch: