



# City of Oceanside Storm Water Inspection Form

## Inspection/Work Order #

Date/Time:

Program: Pollution Prevention and Pretreatment Program

Facility Name:

Address

Reason: FOG Inspection

Contact Name:

Contact Phone #:

## Remarks

Item

Result  
(Compliant/Non-Complaint/NA)

Comments

### BMP INSPECTION

Operating under valid Waste Discharge permit (Permit must be valid/onsite at all times)	_____
Grease Collection Maintenance Log current and accessible	_____
Exhaust Hood Maintenance Log current and accessible	_____
Employee Training Log current and accessible	_____
Drain Screens Installed/Maintained	_____
Food Waste Practices (Food Waste to be placed in plastic bags or trash, not in sink(s))	_____
Dry Wiping Practices (Pots, Pans, Plates to be Dry Wiped of food debris before washing)	_____
Emergency Spill Response Materials (Grease Absorbent Materials present/accessible in event of spill)	_____
BMP Poster(s) in approved areas (Visible in all food preparation and dishwashing areas)	_____

### INTERCEPTOR INSPECTION

Interceptor accessible for inspection	_____
Interceptor capacity meets acceptable standards	_____
No excessive oil and grease in the sample box	_____
Discharge (effluent) line unrestricted	_____
Baffle tubes meet acceptable standards (Tubes are not plugged, submerged, damaged or missing)	_____

### CORRECTIVE ACTIONS AND ADDITIONAL COMMENTS

Contact Signature:

Date:

Inspector Signature:

Date: