

Name of Inspector: Frank Donroe Signature: *F. Donroe*  
 Date of inspection: 2-2-24 Time inspection started: 12pm

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

Key:  
 Satisfactory - S, Not Applicable - NA,  
 See Comment Section - C

AREAS SUBJECT TO INSPECTION		Additional Comments
Southside of Bldg.	Northside of Bldg.	
S	S	
S	S	
S	S	

Name: Jeff xxxxx

**Process Wastewater Management**  
 Are there any hoses or signs of washing of vehicles or equipment (e.g. floats) outside?  
 Interview one employee to assess compliance with this policy?  
 Is there a posting inside the building notifying workers of proper process waste water management?  
 Are there posting outside the building notifying workers of proper process wastewater management

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