

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

Date of Inspection: 11-8-19 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.	
<p>Process Wastewater Management</p> <p>Are there any hoses or signs of washing of vehicles or equipment (e.g. floats) outside?</p>		
S	S	
<p>Interview one employee to assess compliance with this policy?</p>		
S	S	Name: Jason xxxxx
<p>Is there a posting inside the building notifying workers of proper process waste water management?</p>		
S	S	
<p>Are there posting outside the building notifying workers of proper process wastewater management</p>		
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