

Stormwater Management Audit Checklist

1. Site Information

Project/Site Name	<input type="text"/>
Audit Date	<input type="text"/>
Auditor Name	<input type="text"/>
Location	<input type="text"/>

2. Drainage and Runoff

Checklist Item	Yes	No	Comments
Are drainage pathways clear of debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Is runoff controlled to prevent erosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are storm drains functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

3. Pollution Prevention

Checklist Item	Yes	No	Comments
Are waste materials stored away from drainage systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are spill kits available near storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Is there evidence of pollutants near water exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

4. Maintenance & Housekeeping

Checklist Item	Yes	No	Comments
Scheduled cleaning of storm drains is conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Vegetated areas are maintained to prevent sediment loss?

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All measures/devices are in good repair?

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5. Notes/Actions Required