

# Storm Drain Inlet Protection Inspection Sheet

Project Name

Location

Inlet ID/Number

Inspector

Date

Item	Yes	No	N/A	Comments
Inlet protection device installed properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Device free of accumulated sediment/debris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Damaged or undercut areas noted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Device maintenance needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Proper flow bypass maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Comments

Inspector Signature