

Stormwater Pollution Prevention Plan Audit Form

Audit Date

Auditor Name

Site Name/Location

Weather Conditions

General Information

SWPPP Onsite and Current?

Trained Personnel Onsite?

Inspection Checklist

Item	Compliant?	Comments/Corrective Actions
Site map posted and up to date	<input type="text"/>	<input type="text"/>
Erosion and sediment controls in place	<input type="text"/>	<input type="text"/>
All discharge points inspected	<input type="text"/>	<input type="text"/>
Sediment and debris removal as needed	<input type="text"/>	<input type="text"/>
Good housekeeping practices observed	<input type="text"/>	<input type="text"/>
Spill kits and equipment available	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>

Follow-up Actions Required

Additional Comments

Auditor Signature