

Industrial Pollution Prevention Plan Checklist

Facility Information

Facility Name:

Location:

Date:

Prepared By:

Checklist

Item	Yes	No	N/A	Comments
Pollutant sources identified and documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Pollution control equipment maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Spill prevention procedures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Employee training on pollution prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Inspections regularly conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Waste properly managed and disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Notes

Sign Off

Name:

Date: