Name of Inspector: Frank Donroe	Signature:		
Date of Inspection: 4-5-19	Time inspection started: 1pm		
1) UPON COMPLETION, RETURN THIS FORM AND REPORT ALL IDE	NTIFIED PROBLEMS IMMEDIATELY TO 1	THE WEP COORDINATOR.	
Key:	AREAS SUBJECT TO INSPECTION		Additional Comments
Satisfactory - S, Not Applicable - NA, See Comment Section - C	Southside of Bldg	Northside of Bidg.	
Process Wastewater Management	***		
Are there any hoses or signs of washing of vehicles or equipment (e.g. floats) outside?	S	s	
Interview one employee to assiss compliance with this policy?			Name: Rob xxxxx
Is there a posting inside the building notifying workers of proper process waste management?	S	S	
Are there posting outside the building notifying workers of proper process wastewater management	S	S	
		•	
IA AMEDIATELY CONTACT THE MEDICOORDINATION MUTIL AND DESCRIPTION			TCH AT (718) 641.7400 OR AQUEDUCT MAIN SECURITY AT (718)659.3511