



**INLAND EMPIRE BRINE LINE
INSPECTION REPORT**

Date: Time In: Time Out: Inspector:

Industry: Permit No:

Address: Phone No.: Ext.:

Purpose: SIU CIU IU Type:

Others in Attendance (Name/Company):

Authorized Representative: Title:

Contact Person: Title:

#	ITEM	INSPECTED			NOTES	#	ITEM	INSPECTED			NOTES
		Y	N	N/A				Y	N	N/A	
1	Permitted Wastestreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		18	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Processes					Administrative Items						
2	Discharged Dilution/Cross-Connection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		19	Work Hours/# Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Non-Discharging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		20	Recordkeeping/Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Wastewater from Outside SAWPA Service Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		21	Facilities Mgt Plan Slug/Waste Min/Pollut Prev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Reclaimable Wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		22	Contin Plan/Emerg Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		23	Waste Hauling Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pretreatment/Permitted Equipment					24 Other Agency Permits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
7	O & M of Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ancillary Equipment					
8	O & M Manual/Op. Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		25	Boiler(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Flow Meter/Recorder/Chart Recorder Op & Cal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		26	Cooling Tower(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	pH Meter/Recorder/Alarms Op & Cal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		27	Water Treatment Systems (RO Ion Ex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Other Mtr/Equip. Op & Cal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Chemical/Hazardous Waste					
12	Auto Shut-Off/Recirc Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		28	Chemical Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Sample Point Access/Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		29	Hazardous Waste Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Sample Collection Procedures/Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		30	Spill Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Planned Changes in Process/Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		31	MSDS/SDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		32	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Flow (include units) Meter__ Est.__ N/A__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		33	Changes to Permit / Fact Sheet Required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1) Changes from permit/last inspection/specific items discussed - comment on summary page required. Provide reference checklist #.

Comments:

Signatures:
 Industry (optional) _____ Inspector _____ Reviewer _____

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INSPECTION REPORT**

		Date:	
#	Industry Name:	Address:	

Description of Inspection and/or Violation(s)

Signatures:

Industry *(optional)* _____ Inspector _____ Reviewer _____