



STORM WATER OVERSIGHT (QUALITY ASSURANCE) INSPECTION

Date & Time of Inspection: _____ DNR Authorization Number: IA _____ - _____

Project No.: _____ County: _____

Prime Contractor: _____ Inspection Made By: _____

Date of Previous QA Inspection _____

Contractor Staff:

	Name	Expiration Date
Erosion Control Technician (ECT) (minimum 1 per company)	_____	_____

	ECT Certified?	Expiration Date	ESC Basics Trained?	Expiration Date
Contractor Staff – Individual(s) joining weekly inspections:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DOT Inspection Staff

	ECT Certified?	Expiration Date	ESC Basics Trained?	Expiration Date
DOT Staff – Individual(s) completing weekly inspections:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Documentation Review

	Yes	No	N/A
Erosion Control Implementation Plan (ECIP) provided?			
ECIP updated since last inspection?			
Subcontractor co-permittee statements provided?			If yes, how many? _____
Comments:			

Inspection Reports Review (review reports since last inspection):

	Yes	No
Missing reports?		
Lacking information?		
Comments:		

General Comments/Observations:

