

DE-ICING/ANTI-ICING AREA INSPECTION RECORD

FORM 10-3

Storm Water Pollution Prevention Plan
Austin Bergstrom International Airport

An Airside Operations Inspector familiar with de/anti-icing activities must conduct inspections weekly in the areas where de/anti-icing has been performed and complete this inspection form.

For each area inspected, indicate if the following conditions exist:

- 1) Pooling of de/anti-icing chemical that would be indicative of a spill or leak. (YES NO) circle one
- 2) Excess use of de/anti-icing chemicals indicated by run-off. (YES NO) circle one

Area Inspected: Terminal Apron 1) (YES NO) 2) (YES NO)

Area Inspected: Cargo Apron 1) (YES NO) 2) (YES NO)

Area Inspected: GSEM De-icing Fluid Tanks 1) (YES NO) 2) (YES NO)

Area Inspected: _____ 1) (YES NO) 2) (YES NO)

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FOLLOW-UP REQUIRED: If a spill or leak is indicated, the condition must be addressed immediately in accordance with the ABIA Spill Prevention and Response Plan. If excess use is indicated, the DOA will schedule a meeting with appropriate airline to discuss alternatives.

ADDITIONAL INFORMATION: _____

Form Completed by (print name): _____

Signature: _____ Date: _____