

QUARTERLY SWP3 INSPECTION
Austin-Bergstrom International Airport

Business Name: _____ **Date:** _____ **Weather:** _____

Inspector(s): _____ **Inspector Affiliation:** _____

Tenant Contact Name _____ **Title:** _____

Inspector familiar with industrial activities performed at this facility? Yes or No

INSPECTION ITEM	YES / NO or N/A	RECOMMENDATIONS
Effectiveness of Employee Training and Education Program		
<input type="checkbox"/> SWP3 training records will be checked during Comprehensive Site Compliance Evaluation	_____	_____
Effectiveness of Spill Prevention and Response Measures		
<input type="checkbox"/> Outdoor areas are free of spilled material	_____	_____
<input type="checkbox"/> Spill Kit available and stocked	_____	_____
<input type="checkbox"/> Storage containers are clearly labeled	_____	_____
<input type="checkbox"/> Other _____	_____	_____
Effectiveness of the Good Housekeeping Measures		
<input type="checkbox"/> Leasehold free of trash and debris	_____	_____
<input type="checkbox"/> Waste receptacle intact with no leakage	_____	_____
<input type="checkbox"/> Other _____	_____	_____
Effectiveness of Maintenance Program for Structural Controls		
<input type="checkbox"/> No evidence of flooding or other drainage problems	_____	_____
<input type="checkbox"/> Structural controls maintained/functional (e.g., oil/water separators, water quality ponds)	_____	_____
<input type="checkbox"/> Other _____	_____	_____
Effectiveness of Erosion Control Measures		
<input type="checkbox"/> Area is free of soil erosion	_____	_____
<input type="checkbox"/> Other _____	_____	_____
Effectiveness of BMPs		
<input type="checkbox"/> BMPs are being performed satisfactorily	_____	_____
<input type="checkbox"/> Other _____	_____	_____

ADDITIONAL COMMENTS: _____

N/A = Inspection item is not applicable at this location.