

# University of Minnesota Duluth

## EROSION AND SEDIMENT CONTROL INSPECTION FORM

Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
 Company: \_\_\_\_\_ Project #: \_\_\_\_\_  
 Prime Contractor: \_\_\_\_\_ Project Name: \_\_\_\_\_  
 University Project Manager: \_\_\_\_\_  
 Reason for Inspection: Weekly Rain Other \_\_\_\_\_ (circle one) Weather: \_\_\_\_\_

### Areas to be Inspected

Inspect all individual locations of a control practice type before checking boxes

**% Estimated percentage of project area devoid of cover**

- No area devoid of cover has been left inactive for more than 7 days without stabilization**  
 **There is no visible sign of sediment leaving the construction site (Street / Storm Sewer / Overland)**

- \* Modifications are required if control practices are not prohibiting sediment from leaving the site
- \* Maintenance is required when a best management practice is nearing it's useful life
- \* Manholes and downstream lines (creeks if required by MPCA/DNR) will be cleaned, not flushed, if inlet protection fails

Best Management Practices	Control Practice Effective			Maintenance / Modification Required			Best Management Practices	Control Practice Effective			Maintenance / Modification Required		
	Y	N	N/A	Y	N	N/A		Y	N	N/A	Y	N	N/A
	Silt Fencing								Stock Pile Stabilization				
Ditch Checks							Mulch						
Riprap							Erosion Mat						
Inlet Protection							Temporary Seeding						
Drainage Swales							Permanent Seeding						
Construction Site Exits							Sod						
Project Schedule							Other _____						
Grading Practices							Other _____						

### Inspection Comments / Recommendations

Any Control Practice Effective box checked "NO" must have comments and recommendations  
 Any Maintenance / Modification Required box checked "YES" must have comments and recommendations

Individual Control Item	Comments / Recommendations	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

General recommendations to increase the effectiveness of erosion and / or sediment control program

**See back of sheet for additional comments and recommendations**

### Communication Notes

To Whom	Type of Communication (circle one)						Comments
	Direct	Email	Phone	Fax	Written	Diary	
_____							_____
_____							_____

Copied to Project Manager - Facilities Management, 241 DAdB 1049 University Drive, Duluth MN, 55812