**EROSION CONTROL DIARY / INSPECTION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Date: |  |  | PROJECT I.D |  |
| Project Eng./Inspector: |  |  | ROADWAY |  |
| Field Office Phone #: |  |  | DESCRIPTION |  |
| Prime Contractor: |  |  | COUNTY |  |
| EC Sub Contractor: |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reason for Inspection: | Weekly | Rain | Stage | Other | |  | (circle one) | Weather: |  |
| Estimated percent of project open and not landscaped: | | | | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Modifications Required: | YES | NO | Not Applicable |  | Modifications Required: | | YES | NO | Not Applicable |
| Silt Fence |  |  |  |  | Mulch | |  |  |  |
| Ditch Checks |  |  |  |  | Silt Screen | |  |  |  |
| Erosion Mat |  |  |  |  | Turbidity Barrier | |  |  |  |
| Riprap |  |  |  |  | Temp. Diversion Channel | |  |  |  |
| Inlet Protection |  |  |  |  | Temp. Settling Basin | |  |  |  |
| Temporary Seeding |  |  |  |  | Grading Practices | |  |  |  |
| Permanent Seeding |  |  |  |  | ECIP | |  |  |  |
| Sod |  |  |  |  | Other |  |  |  |  |
| Project Schedule |  |  |  |  | Other |  |  |  |  |

**Note: Any boxes checked “YES” must have comments and recommendations. Describe them below.**

**Comments/Recommendations** concerning the effectiveness of, and any reasonable corrections needed to maintain or increase the effectiveness of, in-place erosion control and storm water management measures are described below by the individual erosion control item or other general erosion control measures. (Trans 401.10)

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| --- | --- | --- |
| EROSION CONTROL ITEM |  | COMMENTS / RECOMMENDATIONS |
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|  | **See Additional Sheets or Optional Erosion Control Diary – Page 2 for additional comments (Attached)** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMMUNICATION NOTES:** | | | | | | |  |
| To Whom | Type of Communication (circle one) | | | | | | Comments |
|  | Direct | E-mail | Phone | Fax | Written Order | Diary |  |
|  | Direct | E-mail | Phone | Fax | Written Order | Diary |  |

# Optional Page 2 - EROSION CONTROL DIARY

|  |  |  |
| --- | --- | --- |
| **Inspection Date:** |  |  |

## Additional Comments / Descriptions for Specific Erosion Control Practices

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| --- | --- | --- | --- |
| **EROSION CONTROL ITEM** |  | COMMENTS / RECOMMENDATIONSFOR SPECIFIC EROSION CONTROL PRACTICES |  |
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**Description of Erosion Control Site Inspection Report**

The form may be printed and used in the field for notes and/or as an electronic record of erosion control inspections. Contractor follow-up is mandated in Trans 401.10 and is a required part of this inspection report. If the contractor fails to accomplish the required corrective actions enforcement as required in Trans 401.11 will result.

**PAGE 1**

# General Information

1. Provide date of inspection, inspector(s), general construction project information, project staff, and contractors involved including appropriate phone numbers.

Best Management Practices Evaluation

1. Include specific comments regarding erosion and sediment control BMPs throughout the project.
2. Are the BMPs implemented and installed correctly?
3. Are they adequately installed for site conditions?
4. Are they functioning properly?
5. For each applicable BMP, list detailed information not only regarding specific failures and deficiencies, but also successes and improvements. It is usually helpful to reference location.
6. Mark appropriate box.
7. If corrective actions are needed, indicate what should be done to remedy deficiencies in the “Required Corrective Actions” column.
8. When the contractor has taken corrective action, record the date it was implemented and/or accepted (satisfactory installation).

**PAGE 2**

Best Management Practices Evaluation (continued)

1. Utilize “Other” and “General Comments” sections as needed.

Mobilizations

1. Note whether the corrective actions will require a mobilization (substantial replacements/additions, heavy equipment, extensive labor force, etc.) by checking “yes.” If a mobilization is not required (i.e., normal, small-scale maintenance) check “no.”
2. If a mobilization is required, check which type is required. Note that a $300/day fine is associated with non-response to either mobilization after the grace period indicated on the form has passed.

Signature Lines

1. Sign, date, and record the time at which this form was submitted to the contractor. Also record the type of contact (direct, fax, e-mail, phone call, etc.).
2. For routine maintenance, the contractor is required to respond within 24 hours of receiving notification. When the required corrective actions have been completed, the contractor should sign and date (including time) the form and submit it to the project engineer (or other responsible person).
3. The corrective actions taken by the contractor must be properly installed and accepted by the project engineer (or other responsible person). This acceptance is indicated by the project engineer’s signature on the final line.