



# FIELD OBSERVATION REPORT

Municipality: \_\_\_\_\_

Report Number: \_\_\_\_\_

Project: \_\_\_\_\_

HRG Project Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Time Charge: \_\_\_\_\_

Property ID: \_\_\_\_\_

Date [Pick the date] \_\_\_\_\_ Time: \_\_\_\_\_

**Weather**

- Clear     Snow     Warm  
 Overcast     Foggy     Hot  
 Rain     Cold     \_\_\_\_\_

**Site Conditions**

- Clear     Dusty  
 Muddy     \_\_\_\_\_  
 Temperature Range \_\_\_\_\_

**Day**

- Monday     Thursday  
 Tuesday     Friday  
 Wednesday     \_\_\_\_\_

Reason for site visit:     Routine Visit     Contractor/Developer Request     Municipality Request   

Contractor Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Persons Contacted:**

**Work Force:**

**Equipment at Site**

| Classification | [Contractor X] | [Contractor Y] | [Contractor Z] |  |  |
|----------------|----------------|----------------|----------------|--|--|
| Supervisor     |                |                |                |  |  |
|                |                |                |                |  |  |
|                |                |                |                |  |  |
|                |                |                |                |  |  |
|                |                |                |                |  |  |

**Work Observed:**

**Items Discussed:**

**Nonconforming Work Reported this Date to Contractor:**

**Remarks:**

| MCM #4 – CONSTRUCTION SITE SW RUNOFF CONTROL    |                          |                          |                          | Approval No.             | Approval Date |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| <input type="checkbox"/>                        | E/S Approval Obtained    | <input type="checkbox"/> | N/A                      |                          |               |
| <input type="checkbox"/>                        | NPDES Permit Obtained    | <input type="checkbox"/> | N/A                      |                          |               |
| E/S BMPs Onsite:                                |                          | Date Installed           | Properly Functioning     |                          | Comments      |
|   |                          |                          | Yes                      | No                       |               |
| Inlet Protection                                | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| Silt Fence                                      | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| Silt Sock                                       | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| RCE   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| Sediment Basin                                  | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| Sediment Trap                                   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| Truck Washout                                   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| MCM #5 – POST CONSTRUCTION SW (PCSM) ACTIVITIES |                          |                          |                          |                          |               |
| PCSM BMPs Onsite:                               |                          | Date Installed           | Properly Functioning     |                          | Comments      |
|   |                          |                          | Yes                      | No                       |               |
| Swales  | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| Rain Garden                                     | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| Bio Retention                                   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| Detention Basin                                 | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| Underground Basin                               | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
|   | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |               |
| <b>Comments:</b>                                |                          |                          |                          |                          |               |
|   |                          |                          |                          |                          |               |
|   |                          |                          |                          |                          |               |
|   |                          |                          |                          |                          |               |

Attachments

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

Copies:  Municipality  Owner  Contractor  Consultants  \_\_\_\_\_  \_\_\_\_\_  File