Date of Inspection:_____ Time: _____ AM/PM PAGE 1 OF 1

SITE MONITORING SYSTEMS

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
METEOROLOGICAL STATION:	Check for proper operation of all instruments and recording devices.				
	Check for presence of the data logbook.				

Inspector's Name: _____ Inspector's Signature: _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO

REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # _____ ( ) NO