

ACTIVITY CHECKLIST

PERMIT YEAR: _____

Good Housekeeping (MCM #6)

<input type="checkbox"/> Annual O&M Plan (MCM #6) Update	Task	Document(s)
Changes/updates/focus area notes from assessment	<input type="checkbox"/>	<input type="checkbox"/>
All facilities are listed on the inventory	<input type="checkbox"/>	
All activities conducted are listed on the inventory	<input type="checkbox"/>	
Activities denote at which facilities the activity occurs	<input type="checkbox"/>	
Inventory notes if impact assessment conducted or not	<input type="checkbox"/>	
SOPs are provided for each activity	<input type="checkbox"/>	
Each SOP has water quality protection BMP(s) assigned	<input type="checkbox"/>	
Water quality protection BMPs describe inspection processes	<input type="checkbox"/>	
Inventory reflects BMP(s) for activities and facilities	<input type="checkbox"/>	
Inventory updated and inserted into O&M Plan	<input type="checkbox"/>	<input type="checkbox"/>
Regular maintenance of each facility described and up-to-date	<input type="checkbox"/>	
Operational activities for the year selected and described	<input type="checkbox"/>	
New employee training process described and accurate	<input type="checkbox"/>	
Inspection processes/procedures described and up-to-date	<input type="checkbox"/>	
Comprehensive inspection frequency selected	<input type="checkbox"/>	
Comprehensive inspection checklist valid and accurate	<input type="checkbox"/>	
Waste management processes/procedures described and valid	<input type="checkbox"/>	<input type="checkbox"/>
Spill Response/Control procedures described and valid	<input type="checkbox"/>	<input type="checkbox"/>
Activity Record Forms accurate and available	<input type="checkbox"/>	
Event Record Forms accurate and available	<input type="checkbox"/>	
Inspection Record Forms accurate and available	<input type="checkbox"/>	

Training Record Forms accurate and available	<input type="checkbox"/>	
Logs up-to-date and accurate and inserted into O&M Plan	<input type="checkbox"/>	<input type="checkbox"/>
Independent goals of MCM 6 identified/selected	<input type="checkbox"/>	
Schedule for implementation, inspections, etc.	<input type="checkbox"/>	
Updated notes/documents inserted into the O&M Plan	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> O&M Schedule development		
Proposed activities outlined in chart format (or similar)	<input type="checkbox"/>	
Inspection points denoted in the schedule	<input type="checkbox"/>	
Timeframes and responsibilities (incl. contractors) outlined	<input type="checkbox"/>	
Master schedule updated	<input type="checkbox"/>	<input type="checkbox"/>
Primary activities incorporated in the SWMP schedule	<input type="checkbox"/>	
Schedule checked monthly and updated	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Annual employee training plan development		
Deficiencies from previous year noted	<input type="checkbox"/>	
"New" or infrequent activities planned are noted	<input type="checkbox"/>	
Activities noted for training in the annual assessment are noted	<input type="checkbox"/>	
Activities noted that are contracted out are additionally noted	<input type="checkbox"/>	
IDD&E-focus training identified and selected	<input type="checkbox"/>	
General SWM-focus training identified for all employees	<input type="checkbox"/>	
Employee Training Plan form populated with primary events	<input type="checkbox"/>	<input type="checkbox"/>
Contractors notified of training and invited	<input type="checkbox"/>	<input type="checkbox"/>
Training materials acquired	<input type="checkbox"/>	
Schedule updated to reflect training events	<input type="checkbox"/>	

Primary employee training events conducted

Training record

Training log updated

Unplanned training captured in log