City of Glendale Fire Department
FIRE PREVENTION BUREAU
Industrial Wastewater Unit
780 Flower Street
Glendale CA, 91201
(818) 548-4810

IU ANNUAL SITE VISIT DATA SHEET CHECKLIST

INSTRUCTIONS: Record observations made during the IU site visit. Provide as much detail as possible.

Name of industry:

Address of industry:

Date of visit:	Time of visit:

Name of inspectors:

Provide the name(s) and title(s) of industry representative(s)

Name	Title

IU Permit Number:	Exp. Date:	IU Classification:

Inspection Type/Purpose			
	☐ Scheduled	☐ Unscheduled	☐ PCA
	☐ PCI	☐ New Company	☐ Compliant

Please provide the following documentation:

1. Nature of operation:

2. Number of employees:		Number of shifts:		Hours of operation:	

3. Water source:

4. Wastestream flow(s) discharged to the POTW:

Sanitary:	(gpd)	Process:	(gpd)	Combined:	(gpd)

5. Describe any significant changes in process or flow:

6. Type of pretreatment system (Describe):

☐	Continuous flow	☐	Batch	☐	Combined

7. Condition/operation of pretreatment system:	☐	Good	☐	Fair	☐	Poor

8. Process area description (identify raw materials and processes used):

9. Condition/operation of process area:	☐	Good	☐	Fair	☐	Poor
General housekeeping:	☐	Good	☐	Fair	☐	Poor

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IU ANNUAL SITE VISIT DATE SHEET CHECKLIST (Continued)

10. Chemical storage area (identify the chemicals that are maintained on site and how they are stored):

Any floor drains?		Any spill control measures?	

General housekeeping:	☐	Good	☐	Fair	☐	Poor

11. Are hazardous waste drummed and labeled?
12. Does the IU have hazardous waste manifests?

Any problems associated with hazardous waste:

13. Solid waste production:

Solid waste disposal method(s):

14. Description of sample location:

Sampling method/technique:

15. Evaluation of self-monitoring data:	☐	Yes	☐	No	☐	N/A

If yes, was self-monitoring adequate:

16. Who performs the self-monitoring analysis?

17. Slug Discharge Control Plan Evaluation required:	☐	Yes	☐	No	☐	N/A

If yes, use Slug Discharge Control Plan Evaluation Form.

Notes: