



Vehicle Service Inspection Report



Facility Name: _____		
Facility Address: _____		
Owner or Authorized Person: _____		
Correspondent(s) During Inspection: _____		
Inspection Date: _____		Inspection Time (Start to Finish): _____
Inspection Type:	Routine	Monitoring
		Followup

Type of Facility (check all that apply)	Vehicle Repair & Radiator Shop	Autobody	Vehicle Washing & Polishing	Car Wash	Auto Parts	Auto, Wholesal or Retail	Auto Rental

Activity (check all that apply)	Vehicle Repair & Radiator Shop	Autobody	Vehicle Washing & Polishing	Car Wash	Auto Parts	Auto, Wholesal or Retail	Auto Rental
Oil/Water Separator							
Portable Mat w/Filter							
Floor Drain(s) to the Sanitary Sewer							
Discharge to Storm Drain from Service/Wash Area							
Rainwater or Groundwater to Sewer System							
Secondary Containment of Wastes							
Manifests of Hauled Wastes Maintained							
Wastes Removal on a Schedule							
NOV Issued							
Samples Collected							

Required Actions or Comments	
---	--

Signature of Inspector _____ Date _____

Title _____

