**Marina Inspection Form**

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| **Evaluation Information** |  | **Time In:\_\_\_\_\_\_ Time Out:\_\_\_\_\_\_** |
| Marina Name | Facility Type (Marina, Other Boat Mooring, Boating Access Facility) | CTO Current? YES NO N/A |
| EHS | Inspection type (Routine, Complaint, Follow Up) | Exemptions? Pumpout Dump Station Bathrooms |
| Inspection date  | Grant Participant or Interest in Participating? | Variance? YES NO N/A |

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| **Boat Slip Count and Dry Storage** |  |
| Wet Slips/MooringsDock 1:Dock 2:Dock 3:Dock 4:Dock 5:Dock 6: | Dry StorageBay 1:Bay 2:Bay 3:Row 1:Row 2:Row 3: | Boat Trailer ParkingRow 1:Row 2:Row 3:Row 4:Row 5:Row 6: |
| Count Total | Count Total | Count Total |
| Do Counts Match CTO? | Comments: |

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| **Restroom Facilities**  |  |  |  |  |  |
| Available to Patrons?Signs? | Clean and Operable? | Hand Drying Method and Soap Available? | Toilet Paper? |
|  | **Commodes** | **Lavatories** | **Showers** | **Urinals** | **Privies** |
| Male |  |  |  |  |  |
| Female |  |  |  |  |  |
| Unisex |  |  |  |  |  |
| Comments |  |

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| **Sewage Disposal – Onsite System, Sewage Holding Tank, Public Sewer Connection** |
| Evidence of onsite system or lift tank problems?  | Evidence of sewage leak or overflow at holding tank? | Comments: |

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| **Dump Station** |  |  |  |
| Dump Station Provided? | Reason No Dump Station? | Back Flow Prevention Operable? | Sign Present? |
| Rinse Water Accessible? | Dump Station Comments |

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| **Boats Present** |  |
| **Wet Storage** | **Dry Storage** |  |
|  | **Work** | **Pleasure** |  | **Work** | **Pleasure** |  |
| **<=26'**Dock 1:Dock 2:Dock 3:Dock 4Dock 5:Dock 6: **Total :** |  |  | **<=26’**Row 1:Row 2:Row 3:Row 4Row 5:Row 6:**Total:** |  |  |  |
|  **>26'**Dock 1:Dock 2:Dock 3:Dock 4Dock 5:Dock 6:**Total:** |  |  |  **>26'**Row 1:Row 2:Row 3:Row 4Row 5:Row 6:**Total:** |  |  |  |
| Estimated number of live-aboards? | Dockmaster’s recorded number of liveaboards? |  |

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| **Sewage Holding Tank Pumpout** |
| Pumpout Provided? | Reason No Pump-Out? | Sign Present? | Pump Accessible? |
| Pump Operational? | Back Flow Prevention? | Rinse Water Accessible if present? | Appurtenances Present? |
| **CVA grant available for repairs** | Pump-Out Comments |

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| **Comments and VIOLATIONS? (note if return visit needed and time frame to correct violation)** |
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Person in Charge at inspection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Receipt :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address if changed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_