**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/Moorings  Dock 1:  Dock 2:  Dock 3:  Dock 4:  Dock 5:  Dock 6: | Dry Storage  Bay 1:  Bay 2:  Bay 3:  Row 1:  Row 2:  Row 3: | Boat Trailer Parking  Row 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 4  Dock 5:  Dock 6:  **Total :** |  |  | **<=26’**  Row 1:  Row 2:  Row 3:  Row 4  Row 5:  Row 6:  **Total:** |  |  |  |
| **>26'**  Dock 1:  Dock 2:  Dock 3:  Dock 4  Dock 5:  Dock 6:  **Total:** |  |  | **>26'**  Row 1:  Row 2:  Row 3:  Row 4  Row 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_