



Grass Channel Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Facility and adjacent area free of debris?	A/M			
Inlets and outlets free of debris?	A/M			
Any dumping of yard wastes into facility?	A/M			
Litter (branches) removed?	A/M			
Vegetation				
Surrounding area fully stabilized? (no evidence of eroding material into swale, channel or filter strip)	A/M			
Grass mowed?	A/M			
Grass height not less than 3 to 4 inches?	A/M			
Fertilized per specifications?	A/M			
Grasses planted according to approved plan?	A/M			
Unauthorized or inappropriate plantings?	A			
Grasses healthy? (no diseased or dying vegetation)	A/M			
Evidence of grasses stressed from inadequate watering?	A/M			
Filtration Capacity				
Clogging from oil or grease?	A/M			
Facility dewater between storms?	A/M			
Check dams and energy dissipaters/sumps				
Any evidence of sedimentation buildup?	A/S			
Are sumps greater than 50% full of sediment?	A/S			
Any evidence of erosion and downstream	A/S			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
toe of drop structures?				
Any trash or blockages at weep holes?	A/S			
Sediment Deposition				
Swale clean of sediments?	A			
Sediment not > 25% of swale design depth?	A			
Outlet/Overflow Spillway				
In good condition?	A			
Any evidence of erosion?	A			
Any evidence of blockages?	A			
Has facility been filled or blocked inappropriately?	A			
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Maintenance accesses free of hazards and fully operational?	A/M			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
Inspected by: (printed) _____