# Monthly Visual Jar Test Inspection Form 

Instructions: As part of inspections conducted during or after storm events, a representative sample of storm water should be collected at each outfall in a clean, clear jar and examined in a well-lit area. Should any of the objectionable characteristics described in the form below be observed, coverage recipient shall investigate upstream from the sample location to identify the potential sources of pollution, implement corrective action, and describe the corrective action in the space provided below. [Industrial Stormwater General Permit ACT10 R-1]

| Facility Name: $\quad$ Physical Address: |  |  |
| :---: | :---: | :---: |
| Date: $\quad$ Coverage Number: |  |  |
| Time collected: | Person collecting/examining sample (Print): |  |
| Outfall Number/Location sample was collected: |  |  |
| Was the sample collected during or immediately after a rain event? Yes or No |  |  |
| Parameter | Parameter Description | Description of Sample |
| Color | Is the water sample colored? Yes or No | If yes, describe the color: |
| Clarity | Is the water sample clear and transparent? Yes or No | If no, describe the clarity: |
| Floating Solids | Are there solids floating at the top of the sample? <br> Yes or No | If yes, describe the floating solids: |
| Settled Solids | Are there solids settled out in the bottom of the sample? Yes or No | If yes, describe the settled solids: |
| Suspended Solids | Are there solids suspended in the water column of the sample? <br> Yes or No | If yes, describe the suspended solids: |
| Foam | Is there foam forming at the top of the sample? <br> Yes or No | If yes, describe the foam: |
| Odor | Does the sample have an odor? Yes or No | If yes, describe the odor: |
| Oil Sheens | Does the sample have an oil sheen? Yes or No | If yes, describe the oil sheen: |
| Detail any concerns noted in the visual jar sample and describe the corrective actions taken: |  |  |
| "I certify under penalty of law that this report is true, accurate, and complete, to the best of my knowledge and belief." |  |  |
|  |  |  |
| Inspector's Name - Printed | Inspector's Signa | ure Date |

