

**CHECKLIST 7  
DEICING/ANTI-ICING ACTIVITIES  
(CHECKLIST TO BE COMPLETED WEEKLY DURING DEICING/ANTI-ICING ACTIVITY)**

Inspection Date/Time \_\_\_\_\_ / \_\_\_\_\_ Location: \_\_\_\_\_ By: \_\_\_\_\_

<b>I. Site Specific Checklist For Deicing/Anti-Icing Activities</b>	<b>Yes/No/NA</b>	<b>Corrective Action Req:</b>	<b>Corrected by/ Date:</b>
1. Have all deicing/anti-icing events been documented in the table located in Appendix E?*			
2. Is equipment used for deicing/anti-icing?  If yes, how is wash water disposed?			
3. Any evidence of deicing/anti-icing fluids draining to storm sewer?			
4. How was the deicing fluid contained? Cleaned up? Disposed of?			

**Notes:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*To be kept in SWPPP