

Attachment G: Sample Daily Environmental Daily Inspection Report

Dakota Access Pipeline Project

DAILY ENVIRONMENTAL INSPECTION REPORT

Name: _____ Employee Number: _____
Date: _____ Time: _____ Crew: _____ Foreman: _____
Spread: _____ Station (Begin/End): _____ to _____ MP (Begin/End): _____ to _____
Activity Observed: _____ Photos No Yes, list: _____

ACCEPTABLE AREA

Site Conditions:

Weather Conditions (Clear, Cloudy, Partly Cloudy): _____
Precipitation (Non, Light Rain, Rain, Heavy Rain, Snow): _____
Wind (None, Light Breeze, Windy, Heavy Wind): _____
Temperature (°F): _____
ROW Conditions (Good, Dry, Wet, Saturated): _____

Inspection Due Diligence Checklist:

ROW Limits Maintained: Yes
Plans/Procedures Followed: Yes
Stormwater Plan Followed: Yes
Measureable Rainfall in Area: Yes
Weed Management Plan Followed: Yes
Topsoil/Spoil Segregation Maintained: Yes

Ag Mitigation Plan Followed Yes
Restricted Areas Properly Handled: Yes
Refueling/Storage Done Properly: Yes
Signage Properly Placed: Yes
Erosion/Sediment Controls Installed/Maintained: Yes
Line List Conditions Implemented: Yes
Workspace Clean and Debris Picked Up: Yes

Comments:

Compliance Level : Acceptable Unacceptable

Inspector Affirmation: I affirm that the above observations are correct to the best of my knowledge.

Dakota Access Pipeline Project

DAILY ENVIRONMENTAL INSPECTION REPORT

UNACCEPTABLE AREA (Problem Area, Non-Compliance, or Serious Violation)

Time: _____ Crew: _____ Foreman: _____
Station (Begin/End) _____ to _____ MP (Begin/End) _____ to _____

Quick Summary: Problem Area Non-Compliance Serious Violation

Summary:

Photos:

Specification Source:

<input type="checkbox"/> Dakota Access' Plan (upland)	<input type="checkbox"/> Dust Control Plan	<input type="checkbox"/> Blasting Plan
<input type="checkbox"/> Dakota Access' Procedures	<input type="checkbox"/> Noxious and Invasive Weed Plan	<input type="checkbox"/> Sensitive Resource Mitigation Plan
<input type="checkbox"/> SWPPP	<input type="checkbox"/> Restoration and Revegetation Plan	<input type="checkbox"/> Ag Mitigation Plan
<input type="checkbox"/> Waste and Spill Management Plan	<input type="checkbox"/> Hydrostatic Plan	<input type="checkbox"/> _____

Comments:

Recommended Action:

Follow-up is required – Acceptable Resolution Date: _____ Timeline: 24hrs 48 hrs 72 hrs