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

Inspection Date/Time_____/_____Location: _____ By: _____
_____

I. Site Specific Checklist For Deicing/Anti-Icing Activities	**Yes/No/NA**	**Corrective Action Req:**	**Corrected by/ Date:**
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:			

* Deicing/Anti-Icing Usage Form