

**Stormwater Quarterly Visual Assessment Form**  
(Complete a separate form for each outfall you assess)

Name of Facility: \_\_\_\_\_

Outfall Name/Description: \_\_\_\_\_

Name of person collecting sample: \_\_\_\_\_

Title of person collecting sample: \_\_\_\_\_

Date & Time Discharge Began: \_\_\_\_\_

Date & Time Sample Collected: \_\_\_\_\_

Type of Precipitation: \_\_\_ Rainfall \_\_\_ Snowmelt

Observations

Color: \_\_\_ No \_\_\_ Yes

If yes, please describe: \_\_\_\_\_

Odor: \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Clarity: \_\_\_ Clear \_\_\_ Slightly Cloudy \_\_\_ Cloudy \_\_\_ Opaque

Are any of the following present?

Floating Solids \_\_\_ No \_\_\_ Yes

Settled Solids\* \_\_\_ No \_\_\_ Yes

Suspended Solids \_\_\_ No \_\_\_ Yes

Foam (gently shake sample) \_\_\_ No \_\_\_ Yes

Oil Sheen \_\_\_ No \_\_\_ Yes

Are there any other indicators of Stormwater Pollution? \_\_\_ No \_\_\_ Yes

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of measures taken to determine the source of any contaminants and changes to best management practices to prevent contact with stormwater: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Observe for settled solids after allowing the sample to sit for approximately 5 minutes.