



SITE INSPECTION COMPLIANCE REPORT – WLAP Regulatory Issues

Inspection Section	Compliant*	Inspection Section	Compliant*
A. Registration	Yes <input type="checkbox"/> No <input type="checkbox"/>	f) Minimum 110% containment of fuel	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Best Management Practices	Yes <input type="checkbox"/> No <input type="checkbox"/>	C. a) Treatment of Sewage	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Disposal of Blood Water	Yes <input type="checkbox"/> No <input type="checkbox"/>	b) Disposal of Sewage	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Disposal of Net Cleaning Waste	Yes <input type="checkbox"/> No <input type="checkbox"/>	D. Environmental Management	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Disposal of Disinfectant Waste	Yes <input type="checkbox"/> No <input type="checkbox"/>	E. Water Licence	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Disposal of Morts	Yes <input type="checkbox"/> No <input type="checkbox"/>	F. Trapping Licence	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Disposal of Refuse	Yes <input type="checkbox"/> No <input type="checkbox"/>	G. Hunting Licence	Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Name _____

Site Name _____

Person Interviewed _____

Signature _____

MAFF Inspector _____

Date of Inspection _____

***IF NOT IN COMPLIANCE, SEE BELOW FOR DETAILS**

Inspection Section (above)	Legislation Contravened	Required Corrective Measures	Date Action to be Completed	Date of Required Response to Ministry

Service of this notice does not preclude the ministry from pursuing prosecution and/or administration action for the above-listed non-compliance issues.

Other Non-Compliance observed: _____

Signature of Inspector: _____

Date of Chief Inspector Review: _____

Date Forwarded to Head Office: _____

Date Forwarded to MWLAP: _____