

FINDING SUMMARY FORM

Station Name: _____

Audit Date: ____/____/____ Audit Type: Formal OR Informal Repeat Finding: Yes OR No

Audit Team: _____

Handbook(s) Used: Fed. ____ / ____ State ____ / ____ Handbook Protocol No.: _____
mm / yyyy mm / yyyy Fed Criteria: Yes OR No "or" State Criteria: Yes OR No

Environmental Cat.: Air DW HM HW Pest POL WW SPM UST WW Green

Section Code(s): _____ Universal Code(s): _____

FINDING TYPE:

- Detailed Regulatory
- Required Practice
- Management Practice

FINDING CATEGORY:

- Significant Major Minor Positive
- Negative Positive
- Negative Positive

Location/Condition:

Sugg. Solutions:

Comments:

FINDING COST(s) (Items "referenced" in Standard Cost Guide)

Ref No: ____ No of Items: ____ Total Cost: ____ Ref No: ____ No of Items: ____ Total Cost: ____
Ref No: ____ No of Items: ____ Total Cost: ____ Ref No: ____ No of Items: ____ Total Cost: ____

OTHER COST(s) (Items "not referenced" in Standard Cost Guide)

Description _____ No of Items: ____ Total Cost: ____
Description _____ No of Items: ____ Total Cost: ____

Prepared By: _____