

**Appendix 4 - Tips Inspection Report Template and Risk Rating
MINES AND QUARRIES TIPS ACT 1969 – INSPECTION REPORT
Caerphilly County Borough Council – Part II: Tips**

OWNERSHIP		COLLIERY:				TIP NUMBER:				INSPECTION CATEGORY RISK RATING			
		NAME OF TIP:				GRID REF:							
WEATHER DURING INSPECTION:		ANY PARTS OF TIP EXCLUDED FROM INSPECTION?				PART ACTIVE/PART DISUSED <input type="checkbox"/>				DISUSED <input type="checkbox"/>			
						DATE OF LAST REPORT: Date <input type="text"/>				DATE OF THIS INSPECTION: Date <input type="text"/>			
BEING RECLAIMED <input type="checkbox"/>		PARTIALLY RECLAIMED <input type="checkbox"/>				FULLY RECLAIMED <input type="checkbox"/>				UNRECLAIMED <input type="checkbox"/>		UNDER TENANCY <input type="checkbox"/>	
Q		No	Yes	N/A	New/ Worse	Q		No	Yes	N/A	New/ Worse		
1	Are Signifiant Earthworks Taking Place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	8	Do Sub-Surface Drains Appear Adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
2	Tip Fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	9	Any Movement of Foundation of Tip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
3	Are Lagoon Draw off and Emergency overflow satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	10	Close to Sensitve Receptor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
4	Any Seepage From Tip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	11	Any Slumping, Bulging, Cracks or Fissures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
5	Are Drainage Ditches Adequate and Satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	12	Any Undercutting or Erosion of Toe or Slopes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
6	Are Manhole Covers Secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	13	Is Vegetation Developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
7	Are Culvert Headwalls Clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	14	Has The Tip Been Developed / Re-engineered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
Comments on all entries in Heavy Lined Boxes <input style="width:100%; height: 50px;" type="text"/>													
Details of any Feature Giving Cause For Concern <input style="width:100%; height: 50px;" type="text"/>													
Details of any maintenance or remedial work required:				Date and details of requisition e.g. order no.				Date work was completed / inspected.					
								Date Completed <input style="width: 100px;" type="text"/>					
								Date Completed <input style="width: 100px;" type="text"/>					
Details of any action taken by Competent Person:													
Signature of Inspecting Competent Person:						Counter signature (Group or Team Manager):							
Position:			Date <input style="width: 50px;" type="text"/>			Position:			Date <input style="width: 50px;" type="text"/>				