STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION

RCRA (HAZARDOUS WASTE) INSPECTION REPORT
SMALL QUANTITY GENERATOR

Name(s) of inspector(s): _____.

Date(s) of inspection: _____ Complaint Number: _____.

Previous RCRA inspection: _____ Active RCRA Enforcement: _____.

SITE INFORMATION

EPA ID Number: ***CT*** _____.

Site Name: _____.

Street Address: _____.

Mailing Address: _____.

Contact Name(s) and Title(s): _____.

Contact Phone #: _____ Date established at present location: _____.

Property owned/leased: _____ Previous occupants of site: _____.

STATUS (actual-operating)

___ CESQG (<100kg/mo) ___ Large Quantity Handler Universal Waste ___ Recycle/Reclaim

___ SQG (100 – 1000kg/mo) ___ Small Quantity Handler Universal Waste ___ Burner/Blender

___ Episodic Generator ___ Ct Regulated Facility ___ Transporter

___ Other: _____.

NOTIFICATION

Notified as:

Hazardous Waste: _____.

Universal Waste (if applicable): _____.

Any discrepancies between notification & actual operations: ___ Yes (comment below) ___ No

If yes, has a status change been requested: ___ Yes ___ No

Comments: _____.

_____.

TYPE(S) OF WASTE HANDLED

___ Ignitables (D001)
___ Corrosives (D002)
___ Reactives (D003)
___ TCLP (D004 – D043)
___ F or K listed wastes
___ P or U listed wastes
___ Precious metals
___ Hazardous scrap metal
___ Used Oil
___ CT regulated waste
___ Unknown waste
___ Universal Wastes, types: _____.
___ Other: _____.

HANDLING METHOD (actual)

___ Containers
___ Wastewater treatment system
___ Other (describe): _____.
___ Tanks – aboveground
___ Tanks – underground
Comments: _____.
_____.

SITE DESCRIPTION

Proximity to residential areas/surface water/ recharge zone: _____.
Water supply (if wells, give approximate location): _____.
_____.
Types of waste/water discharges: _____.
_____.
Evidence of on-site disposal: ___ Yes ___ No. (If yes, give specifics): _____.
_____.
Groundwater monitoring wells on-site: ___ Yes ___ No. Groundwater classification: _____.
If yes, briefly describe why installed and any information available: _____.
_____.
_____.
Comments: _____.
_____.

SITE ACTIVITY

Type of activity: _____.

Number of employees/shifts: _____.

Products: _____.

Process description: _____.

WASTE PROFILE

WASTE STREAM	EPA WASTE CODE(S)	EST. GENERATION RATE	HANDLING METHODS	TRANSPORTER	RECEIVING FACILITY

Comments: _____.

_____.

_____.

40 CFR 262.11; 262.40(c) **HAZARDOUS WASTE DETERMINATION** (GHW) 22a-449(c)-102(a)

Determination conducted for all waste streams: ___ Yes ___ No (explain): _____.

_____.

_____.

_____.

Determination updated annually (documentation on-site): ___ Yes ___ No (explain): _____.

_____.

_____.

_____.

Comments: _____.

_____.

_____.

_____.

_____.

40 CFR 262.20-23; 262.42
40 CFR 273.18, 38, 39

SHIPPING RECORDS (GMR)

22a-449(c)-102(a); 102(b)(3);
22a-449(c)-113(a)(1)

Dates/months of shipping records reviewed: _____.

Manifests used for all hazardous waste shipments: ___ Yes ___ No (explain):_____.

_____.

Shipping records used for universal wastes: ___ Yes ___ No (explain): _____.

Shipping records used for used oil: ___ Yes ___ No (explain): _____.

Appropriate copy(ies) on-site: ___ Yes ___ No (explain): _____.

_____.

Any exception reports: ___ Yes ___ No (explain): _____.

_____.

Comments: _____.

_____.

40 CFR 268

LAND DISPOSAL RESTRICTIONS (GLB)

22a-449(c)-108

Has the generator determined whether the waste ___ **meets** ___ **doesn't meet** the treatment standard(s) by ___ testing the waste and/or ___ using knowledge of waste: ___ Yes ___ No ___ N/A (explain): _____.

_____.

If the waste or contaminated soil **does not meet** the treatment standard(s), has the generator sent a one-time written notification (or subsequent notification(s) if the waste changes) to each receiving facility: ___ Yes ___ No ___N/A (explain) : _____.

If the waste or contaminated soil **meets** the treatment standard(s) at the original point of generation, has the generator sent a one time written (certification or subsequent certification(s) if the waste changes) to each receiving facility: ___Yes ___No ___ N/A (explain): _____.

If the generator's waste is subject to a case by case extension, no migration petition, or national capacity variance, has the generator sent a one time written (notification or subsequent certification(s) if the waste changes) to each receiving facility: ___ Yes ___ No ___ N/A (explain): _____.

If the generator is managing and treating a restricted waste or contaminated soil in tanks, containers, or containment buildings to meet the applicable treatment standards, has the generator developed and followed a waste analysis plan: ___ Yes ___ No ___ N/A

Has the generator retained on-site a copy of all LDR documentation for 3 years: ___ Yes ___ No

Comments: _____.

_____.

40 CFR 265.15; 265.201 **INSPECTION SCHEDULE & LOG** (GIS) 22a-449(c)-102(b)(2)

Does contact claim inspections are conducted: ___ Yes ___ No: _____.

_____.

Written inspection schedule: ___ Yes ___ No: _____.

Inspection log (adequacy of contents: date, time, items inspected, corrective action): ___ Yes ___ No: _____.

_____.

Documentation:

DAILY

All-Loading/unloading areas subject to spills (when in use): _____.

Tanks-Discharge control equipment (by-pass, waste feed cutoff, etc.): _____.

-Waste level in tank: _____.

-Monitoring data (pressure and temp. gauges): _____.

WEEKLY

Containers-Physical condition: _____.

-Containment system: _____.

-Labels, marking, dates: _____.

Battery storage area: _____.

Tanks-Construction materials: _____.

-Immediate surrounding area checked for obvious signs of leaks: _____.

OTHER

-Safety & emergency equipment: _____.

-Comments (i.e., failure to correct malfunctions/deficiencies/chronic problems: _____.

_____.

_____.

40 CFR 262.34(d)(5)(iii) **PERSONNEL TRAINING RECORDS** (GPR) 22a-449(c)-102(c)

Relevant employees thoroughly familiar with proper waste handling and emergency procedures: ___ Yes ___ No

Comments: _____.

_____.

40 CFR 262.34(d)(5) **EMERGENCY PLANNING** (GGG) 22a-449(c)-102(c)

Emergency Coordinator(s) on premises or on call: _____.

Posted next to telephone:

Name and telephone number of Emergency Coordinator: _____.

Location of fire extinguishers: _____ spill control equipment: _____ fire alarm: _____.

Telephone number of fire department, unless direct alarm: _____.

Comments: _____.

_____.

_____.

40 CFR 262.34(d)(4); 262 Subpart C **PREPAREDNESS & PREVENTION** (GPP) 22a-449(c)-102(c)

Immediately accessible internal communications/alarm system: _____.

_____.

Telephone/two-way radio capable of contacting local authorities: _____.

Emergency equipment (fire extinguishers,/control, spill control, decontamination equipment): _____.

_____.

Equipment maintenance/testing: _____.

Access to emergency equipment: _____.

Adequate aisle space: _____.

Source of water in the event of fire: _____.

Comments: _____.

_____.

_____.

40 CFR 262.34(c)(1) **SATELLITE ACCUMULATION** (GMC) 22a-449(c)-102(c)

Approximate number of satellite accumulation areas: _____.

Less than 55 gallons(or 1 quart acutely hazardous waste listed in 261.33(e)) per waste stream per accumulation area: _____.

_____.

Containers marked "Hazardous Waste", with wording describing the contents: _____.

_____.

Containers closed when not in use: _____.

Comments: _____.

40 CFR 262.34(c)-(f) **CONTAINER MANAGEMENT** (GMC) 22a-449(c)-102(c)

Number of storage areas: _____.

Location(s): _____.

Impermeable base: _____.

Secondary containment: _____.

Approximate number and sizes of containers: _____.

Type(s): _____ Steel _____ Poly _____ Fiber _____ Bag/sack _____ Lab pack _____ Roll-off _____ Tote

Other: _____.

Management of containers:

Condition (leaks, ruptures, corrosion, heat, pressure, etc.): _____.

_____.

Containers closed when not in use: _____.

_____.

Incompatibles separated by dike/wall, etc.: _____.

_____.

Storage less than 180/270 days: _____.

Less than 1,000 kg. hazardous waste stored: _____.

Comments: _____.

_____.

_____.

40 CFR 262.30-34 **PRE-TRANSPORT REQUIREMENTS** (GTM) 22a-449(c)-102(c)

Packaging: _____.

Labeling (if applicable, i.e: DOT hazard class): _____.

Marking(words "Hazardous Waste", generator name & address; manifest document number when being shipped): _____.

_____.

Written description of contents(i.e.: chemical name): _____.

_____.

Proper DOT shipping name: _____.

Accumulation date: _____.

Comments: _____.

_____.

_____.

40 CFR 279 Subpart C **USED OIL--GENERATOR REQUIREMENTS** 22a-449(c)-119(a) & (b)

Does the facility generate used oil at this site: ___ Yes ___ No

Does the facility generate used oil at other sites in CT: ___ Yes ___ No (if yes, list other sites in "Additional Comments" section)

Is the generator's used oil mixed with other waste(s): ___ Yes ___ No

If yes, what type of waste is it mixed with: ___ Listed ___ Characteristic ___ Non-hazardous waste

If mixture is with characteristic hazardous waste, is the combined waste tested for characteristics: ___ Yes ___ No

Explain: _____.

_____.

Has the total halogen content of the used oil been determined: ___ Yes ___ No

Was the total halogen content determined by ___ Testing or ___ Generator knowledge

Does the generator retain documentation demonstrating the halogen content for at least three years: __ Yes __ No

Are the total halogens: ___ less than 1,000 ppm ___ greater than 1,000 ppm

If the total halogens are greater than 1,000 ppm, did the generator:

___ Manage as a hazardous waste, or ___ adequately rebut the presumption of mixing with hazardous waste

Explain: _____.

_____.

Is used oil accumulated on-site in: ___ Container(s) ___ Aboveground tank(s) ___ Underground tank(s)

Describe type method and storage: _____.

Are containers and tanks in good condition and not leaking: ___ Yes ___ No

Are tank(s) and/or container(s) marked with the words "Used Oil": ___ Yes ___ No

For each container or above-ground tank storing greater than 55 gallons of used oil:

Stored on an impervious surface: ___ Yes ___ No

Stored within an enclosed building: ___ Yes ___ No

If not stored within an enclosed building, has adequate secondary containment been provided: ___ Yes ___ No

Comments: _____.

Are all underground tanks for used oil registered with DEP's UST Program: ___ Yes ___ No

Does the facility store more than 1320 gallons of oil or other petroleum products in above-ground tanks, process equipment, or containers that are over 55 gallons in size: ___ Yes ___ No

If yes, does the facility have an SPCC plan: ___ Yes ___ No

Has the facility had any known releases of used oil: ___ Yes ___ No

If yes, did the generator: ____ Report the spill to DEP, and ____ Comply with "response to release" requirements

Explain: _____.

Does the generator ship used oil via transporters that are permitted and that have notified EPA: ___ Yes ___ No

If no, Explain: _____.

_____.

List off-site destination(s) for used oil generated at this site: _____.

40 CFR 262.34(a)(3) & (d)(3) **WASTE TANKS** (GTM) 22a-449(c)-102(c)

Inventory & description of waste tanks (note above/under ground installation, location, age, construction, ancillary equipment, capacity & waste type): _____.

_____.

_____.

Tanks covered: _____ Waste feed cutoff or by-pass system: _____.

Contents compatible with tank or liner: _____.

Buffer zone for ignitable or reactive wastes: _____.

Special requirements for ignitable or reactive wastes: ___ Yes ___ No ___ N/A: explain: _____.

_____.

Tank marked with "Hazardous Waste" and a description of the contents (such as chemical name): ___ Yes ___ No :

_____.

Evidence of releases/leaks: ___ Yes ___ No. If yes, describe situation: _____.

_____.

Was event reported: ___ Yes ___ No. If yes, date and case number: _____.

Any out of service tanks: ___ Yes ___ No (If yes, describe tank(s) below and answer following questions)

Description of out of service tanks: _____.

_____.

_____.

Comments: _____.

_____.

40 CFR 262.34(d) **GENERATOR CLOSURE STANDARD** (GOR) 22a-449(c)-102(c)

Has the generator closed or stopped using any drum accumulation/storage areas or tanks: ___ Yes ___ No

If yes, has all hazardous waste been removed from area or unit: ___ Yes ___ No

Describe the area and its location, types of waste(s) and method(s) of storage: _____.

_____.

_____.

_____.

Have hazardous waste management unit(s) been decontaminated and/or equipment, structures, and soil been removed for proper disposal: ___ Yes ___ No

Comments: _____.

_____.

40 CFR 263 **HAZARDOUS WASTE TRANSPORTATION** (TOR) 22a-449(c)-11 & 103

40 CFR 273 Subpart D 22a-449(c)-113(a)(1)

Does the handler transport waste: ___ Yes ___ No Does the transporter have a 22a-449(c)-11 permit: ___ Yes ___ No

If yes, and permit is not required:

Shipping documents maintained on-site **(hazardous waste):** _____.

Less than 1,000 kg/mo using handler's vehicle **(hazardous waste):** _____.

Universal waste transported to: ___ another handler ___ destination facility ___ other: _____.

Comments: _____.

_____.

_____.

WASTE MINIMIZATION PROGRAM

Is a written program in place: ___ Yes ___ No (if written program, obtain copy)

If yes, briefly describe the elements of the program and identify waste types and any reduction achieved: _____.

_____.

_____.

_____.

If no, did the inspector recommend that the company:

Assess their processes and waste streams for potential reductions in waste quantities: ___ Yes ___ No

Assess their raw materials for less hazardous alternatives: ___ Yes ___ No

Assess their water usage for potential reductions: ___ Yes ___ No

Assess their energy usage for better efficiency: ___ Yes ___ No

Evaluate the potential for closed loop processes: ___ Yes ___ No

Comments: (Identify specific areas for further assessments): _____.

_____.

_____.

_____.

_____.

PHOTOS TAKEN (include: number taken, location, brief description or attach copy of photo log)

_____.

_____.

_____.

SAMPLES TAKEN (attach copy of lab invoice and chain-of-custody form and describe sample collection below)

_____.

_____.

_____.

COMMENTS ON OTHER AREAS OF ENVIRONMENTAL CONCERN

_____.

_____.

ATTACHMENTS

(If generator's operations include the following regulatory areas, please check off the appropriate subject and attach to report)

___ **NO ATTACHMENTS APPLICABLE**

___ **ATTACHMENT A:** Import/Export Requirements

___ **ATTACHMENT B:** Spent Lead Acid Batteries Being Recycled

___ **ATTACHMENT C:** Recycle/Reclaim

___ **ATTACHMENT D:** Use Constituting Disposal

___ **ATTACHMENT E:** Accumulation For Recycling

___ **ATTACHMENT F:** Scrap Metals

___ **ATTACHMENT G:** Precious Metal Recovery

___ **ATTACHMENT H:** Used Oil – Collection Center & Aggregation Points Requirements

___ **ATTACHMENT I:** Used Oil – Transfer Facility Requirements

___ **ATTACHMENT J:** Used Oil – Processor & Re-refiners Requirements

___ **ATTACHMENT K:** Used Oil – Marketer Requirements

___ **ATTACHMENT L:** Used Oil – Burner Requirements

___ **OTHER:** _____.

EXIT MEETING

Closing meeting held at conclusion of inspection: ___ Yes ___ No

List attendees and their titles: _____.

Areas reviewed: _____.

_____.

Field citation issued: ___ Yes ___ No; If yes, citation number: _____.

INSPECTOR: _____ **DATE:** _____.