



**Environmental  
Protection Agency**

John R. Kasich, Governor  
Mary Taylor, Lt. Governor  
Scott J. Nally, Director

January 25, 2011

**RE: CLEVELAND SKIN PATHOLOGY  
LABORATORY, INC.  
OHR 000 150 870  
CUYAHOGA COUNTY  
SQG/CEI/NOV/NOC**

Dr. Jonathon Bass  
Cleveland Skin Pathology Laboratory, Inc.  
3737 Park East Drive  
Beachwood, Ohio 44122

Dear Dr. Bass:

On January 14, 2011, Ohio EPA conducted a compliance evaluation inspection of Cleveland Skin Pathology Laboratory's (CSPL) Beachwood facility to determine CSPL's compliance with Ohio's hazardous waste laws and regulations as found under the Ohio Revised Code and the Ohio Administrative Code ("ORC" and "OAC" respectively). CSPL was represented by Todd Gemind, Dr. Arlene Rosenberg and you. The Ohio EPA was represented by John Palmer and me. The Ohio EPA's compliance inspection included an inspection of the facility operations and a review of written documentation.

CSPL is a small quantity generator of hazardous waste (SQG). An SQG generates between 100 and 1000 kg (220 and 2200 pounds) of hazardous waste in a calendar month. CSPL generates an ignitable waste from the skin tissue processing operations conducted on site. CSPL does not accumulate waste on site since the hazardous waste drum is removed directly from the satellite accumulation area.

Based on the facility documents reviewed and observations made during the facility walk-through, and the e-mail received on January 14, 2011, Ohio EPA has determined that CSPL has violated the following state hazardous waste regulations.

1. ***Testing and Maintenance of Equipment, OAC rule 3745-65-33:*** All facility communication or alarm systems, fire protection equipment, spill control equipment, and decontamination equipment shall be tested and maintained to assure proper operation in time of emergency. These tests shall be documented in a log or summary.

While CSPL was inspecting the equipment, it was not being recorded in a log.

On January 14, 2011, Todd Gemind e-mailed a copy of the inspection log and schedule CSPL will be using. This addresses the violation. No further action is required.

2. ***Emergency Information Posting Next to Telephone, OAC rule 3745-52-34(D)(5)(b):*** The following information must be posted next to the telephone:

Northeast District Office  
2110 East Aurora Road  
Twinsburg, OH 44087-1924

330 | 963 1200  
330 | 487 0769 (fax)  
[www.epa.ohio.gov](http://www.epa.ohio.gov)

Dr. Jonathon Bass  
Cleveland Skin Pathology Laboratory Inc  
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- a. Name and telephone number of emergency coordinator
- b. Location of fire and spill control equipment, and, if present, fire alarms
- c. Telephone number of local fire department

CSPL did not have all of this information posted next to the telephone.

Based on the information e-mailed to me on January 14, 2011, it appears this violation has been abated. No further action is required.

Ohio EPA also noted one concern:

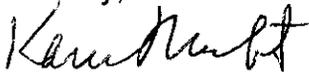
The shipping description on the manifests is "naphtha" where previously it was "xylene". Since the new xylene substitute used by CSPL is aliphatic hydrocarbons, this description appears to be correct. Please verify this with Hukill.

The Division of Hazardous Waste Management has created an electronic news service to provide you with updates related to hazardous waste activities in Ohio. You can find more information and sign up for this free service at the following Web link:  
[http://ohioepa.custhelp.com/cgi-bin/ohioepa.cfg/php/enduser/doc\\_serve.php?2=subscriptionpage](http://ohioepa.custhelp.com/cgi-bin/ohioepa.cfg/php/enduser/doc_serve.php?2=subscriptionpage).

You can find copies of the rules and other information on the division's web page at:  
<http://www.epa.ohio.gov/dhwm>.

Enclosed you will find the checklists used during the inspection. Should you have any questions or require additional information, please contact Frank Popotnik, my supervisor, or me at (330) 963-1200.

Sincerely,



Karen L. Nesbit  
Division of Hazardous Waste Management

KLN/cl  
Enclosure

ec: Harry Sarvis, DHWM, CO  
Frank Popotnik, DHWM, NEDO  
Natalie Oryshkewych, DHWM, NEDO  
Todd Gemind, Cleveland Skin Pathology Laboratory

cc: Marlene Kinney, DHWM, NEDO

**NOTICE:**

Ohio EPA's failure to list specific deficiencies or violations in this letter does not relieve your facility from its obligation to comply with all applicable regulations.

|   |   |                       |
|---|---|-----------------------|
| Send to Central Office<br><input checked="" type="checkbox"/> | <b>Ohio Environmental Protection Agency</b><br><b>RCRA SUBTITLE C SITE</b><br><b>IDENTIFICATION/VERIFICATION FORM</b> | For Ohio EPA use only |
|---|---|-----------------------|

Completed verification forms required to be submitted to CO should be e-mailed to [paula.canter@epa.state.oh.us](mailto:paula.canter@epa.state.oh.us).

|  |   |                        |
|--|---|------------------------|
| <b>Site EPA ID No.</b>   | EPA ID Number: <b>OHR 000 150 870</b>   |                        |
| <b>Site Name</b>   | Name: <b>CLEVELAND SKIN PATHOLOGY LABORATORY INC</b>  | Website: (Optional)    |
| <b>Site Location Information</b>   | Street Address: <b>3737 PARK EAST DRIVE</b>   |                        |
|  | City, Town, or Village: <b>BEACHWOOD</b>  | State: <b>OH</b>       |
|  | County Name: <b>CUYAHOGA</b>  | Zip Code: <b>44122</b> |
| <b>Site Land Type</b><br>(check only one)  | Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <input type="checkbox"/> |                        |
| <b>NAICS code(s)</b><br><a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a> | <b>621511</b>   |                        |

|   |  |                         |                            |
|---|--|-------------------------|----------------------------|
| <b>Facility Representative</b>  | First Name: <b>BASS, MD</b>                    | MI:                     | Last Name: <b>JONATHON</b> |
| Additional names can be recorded in number 12                             | Title: <b>LABORATORY DIRECTOR</b>              |                         |                            |
|   | Phone Number: <b>2164647770</b>                | Phone Number Extension: |                            |
|   | E-Mail Address: <b>JBASS@CLEVESKINPATH.COM</b> |                         |                            |
| Only provide address information if it is different than the site address | Fax Number:                                    |                         | Fax Number Extension:      |
|   | Street or P.O. Box:                            |                         |                            |
|   | City, Town or Village:                         |                         |                            |
|   | State:   | Zip Code:               |                            |

|   |   |   |
|---|---|---|
| <b>Legal Owner And Operator of the Site.</b><br>List Additional Owners and/or Operators in the Comment Section or on another copy of this form page | Name of Site's Legal Owner:<br><b>PARK EAST OFFICE PARK LLC</b>   | Date Became Owner (mm/dd/yyyy): <b>7/1/1976</b> |
|   | Owner Type: Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <input type="checkbox"/> |   |
|   | Street or P.O. Box: <b>3733 PARK EAST DR SITE 210</b>   |   |
|   | City, Town or Village: <b>BEACHWOOD</b>   | Owner Phone #:                                  |
|   | State: <b>OH</b>  | Country: <b>USA</b> Zip Code: <b>44122</b>      |
|   | Name of Site's Operator:<br><b>SEE ABOVE</b>  | Date Became Operator (mm/dd/yyyy):              |
|   | Operator Type: Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <input type="checkbox"/>         |   |
|   | Street or P.O. Box:   |   |
|   | City, Town or Village:  | Operator Phone #:                               |
|   | State:  | Country    Zip Code:                            |

**VIOLATIONS CITED?**     Yes     No

**TYPE OF HANDLER - MARK "X" AS APPROPRIATE**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Not a HW Generator | <input type="checkbox"/> UNKNOWN:<br>Cited for violation of 3745-52-11<br><input type="checkbox"/> Short-Term/Temporary Generator<br>(generates from a short-term or one-time event and not from on-going processes). Check the box for the applicable generator status and provide a comment. | <input type="checkbox"/> Large Quantity Generator (LQG)<br><input checked="" type="checkbox"/> Small Quantity Generator (SQG)<br><input type="checkbox"/> Conditionally Exempt Small Quantity Generator<br><input type="checkbox"/> U.S. Importer of Hazardous Waste<br><input type="checkbox"/> Mixed Waste (Hazardous and Radioactive) Generator |
|---|--|--|

**TYPE OF REGULATED WASTE ACTIVITY (MARK 'X' IN ALL OF THE APPROPRIATE BOXES)**

- |   |  |
|---|--|
| <input type="checkbox"/> Hazardous Waste Transporter                    | <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace       |
| <input type="checkbox"/> Hazardous Waste Transfer Facility              | <input type="checkbox"/> Small Quantity On-Site Burner Exemption       |
| <input type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste | <input type="checkbox"/> Smelting, Melting, Refining Furnace Exemption |
| <input type="checkbox"/> Recycler of Hazardous Waste                    | <input type="checkbox"/> Underground Injection Control Facility        |
| <input type="checkbox"/> 72-Hour Recycler                               | <input type="checkbox"/> Receives Hazardous Waste from Off-site        |

**UNIVERSAL WASTE ACTIVITIES (INDICATE TYPES OF UNIVERSAL WASTE MANAGED (CHECK ALL BOXES THAT APPLY))**

- |  |   |
|--|---|
| <input type="checkbox"/> Small Quantity Handler of Universal Waste                                 | <input type="checkbox"/> Destination Facility for Universal Waste |
| <input type="checkbox"/> Large Quantity Handler of Universal Waste (accumulates 5,000 kg. or more) |   |

**CHECK ALL BOXES BELOW THAT APPLY FOR THE TYPES OF UNIVERSAL WASTE THE FACILITY MANAGES**

- Batteries
- Pesticides
- Mercury containing equipment
- Lamps

**USED OIL ACTIVITIES (INDICATE TYPE(S) OF ACTIVITY(S))**

- Used Oil Generator
- Used Oil Transporter
- Used Oil Transfer Facility
- Used Oil Processor
- Used Oil Re-refiner
- Off-Specification Used Oil Burner
- Used Oil Fuel Marketer who directs shipment of Off-Spec Used Oil
- Used Oil Fuel Marketer who first claims the Used Oil meets the specifications

**Eligible Academic Entities with Laboratories:** Facility has previously notified that they are entering into managing laboratory hazardous waste pursuant to OAC rules 3745-52-200 through 3745-53-216. (Check the boxes) below to indicate the laboratory type.

- College or University
- Teaching hospital that is owned by or has a formal written affiliation agreement with a college or university
- Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

**Waste Codes for Federally Regulated Hazardous Wastes.** Please list the codes for the federally regulated hazardous waste handled at the site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page or list them in the comments if more space is needed. If the waste codes are the same as listed in the most recent RCRAInfo source record, you do not need to list them. Instead just indicate the date of the most recent source record.

D001

**COMMENTS: USE THIS AREA TO DESCRIBE WHETHER THE INSPECTION WAS ANNOUNCED, WHETHER THE WASTE IS STORED IN TANKS OR CONTAINERS, ETC.**

Announced  Yes  No Additional Facility Representatives: **TODD GEMIND  
DR ARLENE ROSENBERG**

Tanks  Yes  No  
Containers  Yes  No

Name of Inspector(s)  
**KAREN L NESBIT**

Name of Inspector(s)  
**JOHN PALMER**

Date of Inspection/Time  
(mm/dd/yyyy) (hh:mm)  
**01/14/2011 8:30**

**Comments:**

**GENERATOR LDR CHECKLIST  
DOES NOT APPLY TO CESQGS**

**GENERAL REQUIREMENTS**

|    |  |  |
|----|--|--|
| 1. | If LDRs do not apply, does the generator have a statement that lists how the HW was generated, why LDRs don't apply and where the HW went? [3745-270-07(A)(7)]                           | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 2. | Did the generator determine if the HW/soil must be treated to meet the LDR treatment standard prior to disposal? Generator knowledge or testing may be used. [3745-270-07(A)(1)] If not, | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| a. | Did the generator send the waste to a permitted HW TREATMENT facility? [3745-270-07(A)(1)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

*NOTE: This is done by determining if the HW /soil contains levels of constituents greater than the levels given in its LDR treatment standard in 3745-270-40. However, if a specific treatment method is given in 3745-270-40 for the HW, no determination is required [3745-270-07(A)(1)(b)]. If soil, generator can choose to have soil treated to LDR levels given in 3745-270-49 (alternative treatment levels for soils).*

|    |  |  |
|----|--|--|
| 3. | Does the generator have documentation of how he determined whether the HW/soil meets or does not meet the LDR treatment standard in 2, above? [3745-270-07(A)(6)(a) or 3745-270-07(A)(6)(b)]           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4. | Does the generator keep the documentation required in #2, above, on-site for at least three years from the last date the HW/soil was sent on-site/off-site for treatment/disposal? [3745-270-07(A)(8)] | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5. | Does the generator generate a listed HW that exhibits a characteristic? If yes,  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
| a. | Did the generator determine if the listed HW exhibits a characteristic that is not treated under the LDR treatment standard for the listed HW? [3745-270-09(A)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 6. | Did the generator determine if its characteristic HW contains underlying hazardous constituents that need to be treated? [3745-270-09(A)]  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

*NOTE: This is done by evaluating which underlying hazardous constituents (UHC) are in the HW at levels above the universal treatment standards given in 3745-270-48. This requirement does not apply to high total organic carbon (i.e., contains >10% TOC) D001 wastes or listed HWs.*

*NOTE: Written documentation of this determination is not required.*

|    |  |  |
|----|--|--|
| 7. | Did the generator treat his HW /soil on-site to meet the LDR treatment standard? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
|----|--|--|

*NOTE: If "Yes" see question #16.*

|    |  |  |
|----|--|--|
| 8. | Did the generator send a one-time LDR notification form to the TSD with the first shipment to that facility? [3745-270-07(A)(2)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| a. | If the generator chose not to make the determination of whether his waste must be treated, did he send a notice to the TSD facility with each shipment? [3745-270-07(A)(2)] If so, did the notice include: | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| i  | Applicable HW codes?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| ii | Manifest number of the first shipment to the TSD?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |

|   |     |   |  |
|---|-----|---|--|
|   | iii | A statement that conveys that the HW may or may not be subject to the LDR treatment standards and the TSD must make that determination.”?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 9.  |     | Did the generator resubmit the LDR notification form to the TSD when the HW changed or the generator used a new TSD? [3745-270-07(A)(2)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 10.   |     | Does the generator have a copy of the LDR notification form/notice on file? [3745-270-07(A)(2)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | a.  | Is the form/notice kept on file for three years after last HW shipped? [3745-270-07(A)(8)]  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| <b>NOTIFICATION FORM</b>  |     |   |  |
| 11.   |     | Does the LDR Notification form contain the following information:   |  |
|   | a.  | Manifest number of the first waste shipment to the TSD? [3745-270-07(A)(2)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | b.  | Applicable waste codes (includes characteristic codes for a listed HW if applicable)? [3745-270-07(A)(2)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | c.  | A statement that conveys that the HW is subject to LDRs and must be treated to meet LDR treatment requirements? [3745-270-07(A)(2)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | d.  | A designation whether the HW is a wastewater or non-wastewater? [3745-270-07(A)(2)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| NOTE: A wastewater contains <1% by wt. total suspended solids(TSS) and <1% by wt. TOC. If you doubt the HW is a wastewater or non-wastewater, the HW can be tested using for example, Standard Methods (SM) 160.2 for TSS, SW-846 method 9060a for TOC. |     |   |  |
|   | e.  | Designation of the waste subcategory when applicable? [3745-270-07(A)(2)]   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
|   | f.  | A listing of the underlying hazardous constituents for which a characteristic waste must be treated? [3745-270-07(A)(2)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| NOTE: Not required if the waste is high TOC D001 or the TSD tests its treatment residues for all underlying hazardous constituents.   |     |   |  |
|   | g.  | If the HW is F001-F005 or F039, did the generator note on the LDR form what solvents or constituents, respectively, the waste contains and must be treated for? [3745-270-07(A)(2)] | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| <b>PROHIBITED DILUTION</b>  |     |   |  |
| 12.   |     | Is the HW treated by burning?<br>If “No” go to #15.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
| 13.   |     | Is the HW a metal-bearing HW?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
| NOTE: Generally, metal-bearing HWs contain heavy metals above TCLP levels or were listed due to the presence of metals. A list of the restricted metal-bearing HWs are given in the Appendix to 3745-270-03.  |     |   |  |
| 14.   | a.  | Metal-bearing HWs cannot be incinerated, combusted or, blended and burned for fuel unless <b>one</b> of the following conditions apply. [3745-270-03(c)]                            |  |
|   | i.  | Contains > 1% TOC?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |

|  |      |  |  |
|--|------|--|--|
|  | ii.  | Contains organic constituents or cyanide at levels greater than the UTS levels?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
|  | iii. | Is made up of combustible material e.g., paper, wood, plastic?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
|  | iv.  | Has a reasonable heating value (e.g., > 5000 Btu)?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
|  | v.   | Co-generated with a HW that must be combusted?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
|  | b.   | If all responses to 14 a.i. through 14 a.v. are "No", HW is being improperly treated by dilution, violation of 3745-270-03(C). Is HW being treated by dilution?                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
| 15.  |      | Was the HW treated by wastewater treatment?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
|  | a.   | Is a LDR treatment method, other than DEACT or a numerical value, specified for the waste? [3745-270-03(B) and 3745-270-40(A)(3)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| <i>NOTE: If "Yes", HW is improperly being treated by dilution.</i>   |      |  |  |
|  | b.   | Does the waste carry the D001 code and contain $\geq 10\%$ TOC?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
|  | c.   | Does the wastewater treatment process include a process to separate/recover the organic phase of the waste?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| <i>NOTE: If the answers to b &amp; c are "yes" and "no", respectively, waste is improperly being treated by dilution and generator is in violation of [3745-270-03(B)] and 3745-270-40(A)(3)].</i> |      |  |  |
| <i>NOTE: A list of separation/recovery processes are given in 3745-270-42 under RORG.</i>  |      |  |  |
| <b>GENERATOR TREATMENT</b>   |      |  |  |
| 16.  |      | Does the generator treat to meet LDRs on-site?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
|  |      | Did the generator treat his hazardous waste/soil on-site in a tank, container, drip pad or containment building to meet the LDR treatment standard?                              | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  |      | If "Yes"...complete the rest of the checklist. If "No"...stop...you are done.  |  |
|  | a.   | Does the generator have a written waste analysis plan (WAP) that describes the procedures he will follow to treat the HW/soil to the LDR treatment standard? [3745-270-07(A)(5)] | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  | b.   | Did the generator use a detailed chemical and physical analysis of the HW/soil in order to develop the WAP? [3745-270-07(A)(5)(a)]   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
| <i>NOTE: This is a laboratory analysis but it does not have to be kept by the generator.</i>   |      |  |  |
|  | c.   | Does the WAP contain all information necessary to treat the HW/soil to the LDR treatment standard? [3745-270-07(A)(5)(a)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  | d.   | Does the WAP include the testing frequency of the treated HW/soil to demonstrate that the LDR treatment standard is being met? [3745-270-07(A)(5)(a)]                            | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  | e.   | Does the generator keep the WAP on-site? [3745-270-07(A)(5)(b)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |

|  |      |   |  |
|--|------|---|--|
|  | f.   | Is the WAP available for the inspector's review during the inspection? [3745-270-07(A)(5)(b)]   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| <b>NOTIFICATION FORM FOR GENERATOR TREATMENT</b> |      |   |  |
| 17.  | a.   | Contains all information in #11 a-g above and   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  | b.   | If the treated HW/soil is listed.....notification contains the following certification statement:<br><br>"I certify under penalty of law that I personally have examined and am familiar with the waste, through analysis and testing or through knowledge of the waste, to support this certification that the waste complies with the treatment standards specified in rule 3745-270-40 to 3745-270-49 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment." | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  | c.   | If the treated HW/soil no longer exhibits a characteristic and is no longer a HW, did the generator:  |  |
|  | i.   | Prepare a one-time notification? [3745-270-09 (D)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  | ii.  | Maintain a copy of the notice onsite? [3745-270-09(D)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  | iii. | Include in the notification: [3745-270-09(D)]   |  |
|  |      | 1. Name & address of receiving landfill?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  |      | 2. Description of HW when generated?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  |      | 3. HW code when generated?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  |      | 4. Treatability group when generated?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  |      | 5. Underlying hazardous constituents present when generated?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>            |
|  | iv.  | Contain the certification statement as required by 3745-270-07(B)(4)?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |

**SMALL QUANTITY GENERATOR REQUIREMENTS  
COMPLETE AND ATTACH A PROCESS, WASTE, P2 SUMMARY SHEET**

CESQG: ≤100Kg. (Approximately 25-30 gallons) of waste in a calendar month or < 1 Kg. of acutely hazardous waste.  
 SQG: Between 100 and 1,000 Kg. (About 25 to under 300 gallons) of waste in a calendar month.  
 LQG: ≥ 1,000 Kg. (~300 gallons) of waste in a calendar month or ≥1 Kg. of acutely hazardous waste in a calendar month.  
 NOTE: To convert from gallons to pounds: Amount in gallons x Specific Gravity x 8.345 = Amounts in pounds.

Safety Equipment Used: *none*

**GENERAL REQUIREMENTS**

|    |   |  |
|----|---|--|
| 1. | Have all wastes generated at the facility been adequately evaluated? [3745-52-11]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2. | Has the generator obtained a U.S. EPA I.D. number? [3745-52-12]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3. | Has the generator transported or caused to be transported hazardous waste to <b>other</b> than a facility authorized to manage the hazardous waste? [ORC 3734.02 (F)]                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
| 4. | Has the generator disposed of hazardous waste <b>on-site without a permit</b> or at another facility <b>other</b> than a facility authorized to dispose of hazardous waste? [ORC 3734.02 (E) & (F)] | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
| 5. | Does the generator accumulate hazardous waste?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |

NOTE: If the SQG does not accumulate or treat hazardous waste, it is not subject to 52-34 standards. All other requirements might still apply, e.g. manifest, marking, LDR, etc.

|    |  |  |
|----|--|--|
| 6. | Has the generator accumulated hazardous wastes in excess of (180/270) days without a permit or an extension from the Director? [3745-52-34; ORC §3734-02(E)&(F)] | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
|----|--|--|

NOTE: SQG's shipping waste to a facility greater than 200 miles away can accumulate on-site for 270 days. [3745-52-34 (E)]

|    |   |  |
|----|---|--|
| 7. | Is the generator accumulating more than 6,000 kg on site? [3745-52-34(D)] | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
|----|---|--|

NOTE: 6,000 kg = approximately 27, 55-gallon drums. If the facility is accumulating waste for greater than 180/270 days without an extension/permit or is accumulating greater than 6,000 kg on-site, it is classified as a storage facility and TSD standards apply. Complete applicable TSD checklists.

|    |  |  |
|----|--|--|
| 8. | Does the generator treat hazardous waste in a:                   |  |
|    | a. Container that meets 3745-66-70 to 3745-66-77?                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|    | b. Tank that meets 3745-66-101?                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
|    | c. Drip pads that meet 3745-69-40 to 3745-69-45?                 | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
|    | d. Containment building that meets 3745-256-100 to 3745-256-102? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |

**MANIFEST REQUIREMENTS**

|     |   |  |
|-----|---|--|
| 9.  | Are all hazardous wastes either reclaimed under a contractual agreement as defined in OAC rule 3745-52-20(E), or shipped off-site accompanied by a manifest (U.S. EPA Form 8700-22)? [3745-52-20(A)(1)] | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10. | Are wastes reclaimed under a contractual agreement? If so: [3745-52-0(E)]   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |

|   |    |   |  |
|---|----|---|--|
|   | a. | Does the contractual agreement specify the type of waste and frequency of shipment?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>                         |
|   | b. | Is the transport vehicle owned and operated by the reclaimer?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>                         |
|   | c. | Is a copy of the reclamation agreement kept on-site for at least three years after termination/expiration of the agreement?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>                         |
| NOTE: If wastes are reclaimed under a contractual agreement and an answer to questions 10(a) through 10(c) is no, the generator is in violation of 3745-52-20 (A) (B) & (D), 3745-52-22 and 3745-52-23. Even if the waste is being reclaimed under agreement, LDRs still apply. Complete LDR checklist. |    |   |  |
| 11.   |    | Have items 1 through 20 of each manifest been completed? [3745-52-20(A)(1)] & [3745-52-27(A)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>                         |
| 12.   |    | Does each manifest designate at least one facility which is permitted to handle the waste? [3745-52-20(B)]  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>                         |
| NOTE: The generator may designate on the manifest one alternative facility to handle the waste in the event of an emergency which prevents the delivery of waste to the primary designated facility. [3745-52-20(C)]  |    |   |  |
| 13.   |    | If the transporter was unable to deliver a shipment of hazardous waste to the designated facility did the generator designate an alternative TSD facility or give the transporter instructions to return the waste? [3745-52-20(D)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>                         |
| 14.   |    | Have the manifests been signed by the generator and initial transporter? [3745-52-23 (A) (1) and (2)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>                         |
| NOTE: Remind the generator that the certification statement they signed indicates: 1) they have properly prepared the shipment for transportation and 2) they have made a good faith effort to minimize their waste generation.   |    |   |  |
| 15.   |    | If the generator did not receive a return copy of each completed manifest within 60 days of being accepted by the transporter did the generator submit to Ohio EPA, a copy of the manifest with some indication that the generator has not received confirmation of delivery? [3745-52-42(B)] | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>                         |
| 16.   |    | Are signed copies of all manifests being retained for at least three years? [3745-52-40]  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>                         |
| <b>PREPAREDNESS AND PREVENTION</b>  |    |   |  |
| 17.   |    | Is an emergency coordinator available at all times (on-site or on-call)? [3745-52-34(D)(5)(a)]  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>                         |
| 18.   |    | Has the following been posted by the telephone: [3745-52-34(D)(5)(b)]   |  |
|   | a. | Name and telephone number of emergency coordinator?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>                         |
|   | b. | Location of fire and spill control equipment, and, if present, fire alarm(s)?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>                         |
|   | c. | Telephone number of local fire department?  | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/><br><i>en</i> |
| 19.   |    | Are employees familiar with waste handling and emergency procedures? [3745-52-34(D)(5)(c)]  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>                         |
| 20.   |    | Has the facility properly responded to all fires and spills? [3745-52-34(D)(5)(d)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>                         |
| 21.   |    | Is the facility operated to minimize the possibility of fire, explosion, or any unplanned sudden or nonsudden release of hazardous waste? [3745-65-31]  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>                         |

|   |  |   |  |
|---|--|---|--|
| 22.   | Does the generator have the following equipment at the facility if it is required due to actual hazards associated with the waste:   |   |  |
|   | a.   | Internal Alarm system? [3745-65-32(A)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
|   | b.   | Emergency communication device? [3745-65-32(B)]   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | c.   | Portable fire control, spill control and decon equipment? [3745-65-32(C)]?  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | d.   | Water of adequate volume/pressure per documentation or facility rep? [3745-65-32(D)]                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 23.   | Is emergency equipment tested (inspected) as necessary to ensure its proper operation in time of emergency? [3745-65-33]   |   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | a.   | Are inspections recorded in a log or summary? [3745-65-33]  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
| 24.   | Do personnel have immediate access to an internal alarm or emergency communication device when handling hazardous waste ( <i>unless the device is not required under OAC 3745-65-32</i> )? [3745-65-34(A)]                                       |   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 25.   | If there is only one employee on the premises is there immediate access to a device (ex. phone, hand-held two-way radio) capable of summoning external emergency assistance ( <i>unless not required under OAC 3745-65-32</i> )? [3745-65-34(B)] |   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 26.   | Is adequate aisle space provided for unobstructed movement of emergency or spill control equipment? [3745-65-35]   |   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 27.   | Has the generator attempted to familiarize emergency authorities with possible hazards and facility layout? [3745-65-37(A)]  |   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 28.   | Where authorities have declined to enter into arrangements or agreements, has the generator documented such a refusal? [3745-65-37(B)]   |   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| <b>SATELLITE ACCUMULATION AREA REQUIREMENTS</b> |  |   |  |
| 29.   | Does the generator ensure that satellite accumulation area(s):   |   |  |
|   | a.   | Are at or near a point of generation? [3745-52-34(C)(1)]  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | b.   | Are under the control of the operator of the process generating the waste? [3745-52-34(C)(1)]                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | c.   | Do not exceed a total of 55 gallons of hazardous waste per waste stream? [3745-52-34(C)(1)]                           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | d.   | Do not exceed one quart of acutely hazardous waste at any one time? [3745-52-34(C)(1)]                                | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
|   | e.   | Containers are closed, in good condition and compatible with wastes stored in them? [3745-52-34(C)(1)(a)]             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|   | f.   | Containers are marked with the words "Hazardous Waste" or other words identifying the contents? [3745-52-34(C)(1)(b)] | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

|   |   |  |
|---|---|--|
| 30.   | Is the generator accumulating hazardous waste(s) in excess of the amounts listed in the preceding question? If so:  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> |
| a.  | Did the generator comply with 3745-52-34(A)(1) through (4) or other applicable generator requirements within three days? [3745-52-34(C)(2)]                               | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| b.  | Did the generator mark the container(s) holding the excess with the accumulation date when the 55 gallon (one quart) limit was exceeded? [3745-52-34(C)(2)]               | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| <b>USE AND MANAGEMENT OF CONTAINERS</b> - <i>no on-site accumulation</i>  |   |  |
| 31.   | Has the generator marked containers with the words "Hazardous Waste?" [3745-52-34(D)(4)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 32.   | Is the accumulation date on each container? [3745-52-34(D)(4)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 33.   | Are hazardous wastes stored in containers which are:  |  |
| a.  | Closed (except when adding/removing wastes)? [3745-66-73(A)]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| b.  | In good condition? [3745-66-71]   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| c.  | Compatible with wastes stored in them? [3745-66-72]   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| d.  | Handled in a manner which prevents rupture/leakage? [3745-66-73(B)]   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 34.   | Is the container accumulation area(s) inspected at least weekly? [3745-66-74] Per ORC§1.44(A) "Week" means seven(7) consecutive days.                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| a.  | Are inspections recorded in a log or summary? [3745-66-74]  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 35.   | Are containers of incompatible wastes stored separately from each other by means of a dike, berm, wall or other device? [3745-66-77(C)]                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 36.   | If the generator places incompatible wastes, or incompatible wastes and materials in the same container, is it done in accordance with 3745-65-17(B)? [3745-66-77(A)]     | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| 37.   | If the generator places hazardous waste in an unwashed container that previously held an incompatible waste, is it done in accordance with 3745-65-17(B)? [3745-66-77(B)] | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| NOTE: OAC 3745-65-17(B) requires that the generator treat, store, or dispose of ignitable or reactive waste, and the mixture or commingling of incompatible wastes, or incompatible wastes and materials so that it does not create undesirable conditions or threaten human health or the environment. |   |  |
| <b>PRE-TRANSPORT REQUIREMENTS</b>   |   |  |
| 38.   | Does each generator package/label its hazardous waste in accordance with the applicable DOT regulations? [3745-52-30, 3745-52-31 and 3745-52-32(A)]                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 39.   | Does each container ≤119 gallons have a completed hazardous waste label? [3745-52-32(B)]  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 40.   | Before off-site transportation, does the generator placard or offer the appropriate DOT placards to the initial transporter? [3745-52-33]                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |