



**Environmental
Protection Agency**

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

April 18, 2011

Jim Konicek
Vice President
Plating Perceptions, Inc.
P.O. Box 81
Twinsburg, OH 44087-0081

**RE: PLATING PERCEPTIONS, OHD 987 033 362, SUMMIT COUNTY
LQG NOV-PRTC**

Dear Mr. Konicek:

On March 24, 2011, this writer, representing Ohio EPA, Division of Materials and Waste Management (DMWM), visited Plating Perceptions, Inc. (PPI) located at 8815 Herrick Road in Twinsburg, Ohio to conduct a hazardous waste compliance evaluation inspection (CEI). PPI was represented by you. On March 25, 2011, I met with you to review waste evaluation information, inspection records and personnel training documentation. Additionally, on April 13, 2011, you provided documentation concerning waste evaluation.

The purpose of the inspection was to determine PPI's compliance with Ohio's hazardous waste laws as found in Chapter 3734 of the Ohio Revised Code (ORC) and Chapter 3745 of the Ohio Administrative Code (OAC). The inspection included a review of the facility's operations, as well as written documentation. PPI was inspected for the requirements of a large quantity generator (LQG) of hazardous waste.

Based on the inspection, Ohio EPA identified the following violations:

1. **Labeling & Dating Accumulation Containers, OAC rule 3745-52-34 (A)(2)&(3):** While being accumulated on site, each container with hazardous waste contents must be labeled or clearly marked with the words "Hazardous Waste" and the date upon which the accumulation period began.

PPI failed to label one, 55-gallon drum containing waste methyl ethyl ketone (MEK) with the words "Hazardous Waste" and apply the date upon which the accumulation period began. **During the inspection, PPI abated this violation through labeling and dating the drum. No further response is required.**

2. **Personnel Training, OAC rule 3745-65-16(C):** Facility personnel must complete annual training on hazardous waste management and emergency response procedures.

Jim Konicek
Plating Perceptions, Inc.
April 18, 2011
Page 2

PPI failed to conduct annual training on hazardous waste management and emergency response procedures. To abate this violation, PPI must provide annual personnel training and submit the following documentation:

- A copy or description of the training topics provided to each employee; and
- A copy of the sign in sheets documenting the date(s) when training was provided to each employee.

3. **Content of Contingency Plan, OAC rule 3745-65-52(D):** The contingency plan must list names, addresses and phone numbers of all persons qualified to act as an emergency coordinator. The list must be kept up to date.

PPI failed to update the contact information for one emergency coordinator identified in the contingency plan. To abate this violation, please submit an updated contingency plan that meets all of the requirements of OAC rule 3745-65-52.

The above violations must be immediately addressed and all of the above requested documentation must be submitted to my attention at the Ohio EPA **within 14 days of receipt of this letter.**

Ohio EPA offers the following comments:

1. Ohio EPA has created an electronic news service to provide facilities with quick and timely updates on news and events related to hazardous waste activities in Ohio. For more information, please refer to: http://ohioepa.custhelp.com/cgi-bin/ohioepa.cfg/php/enduser/doc_serve.php?2=subscriptionpage.
2. The Ohio Department of Development's Office of Energy Efficiency may be able to help with energy efficiency issues. For more information, please refer to: <http://development.ohio.gov/Energy>.
3. You may be able to reduce the amount of waste your facility generates by finding ways to recycle, reduce or eliminate it. Ohio EPA's Office of Compliance Assistance and Pollution Prevention (OCAPP) provides free compliance and pollution prevention assistance on environmental issues related to air, land and water. Should your facility be interested in receiving a free pollution prevention assessment in the future, please contact me or OCAPP. OCAPP may be contacted at (800) 329-7518, or via the internet at: <http://epa.ohio.gov/ocapp/contact.aspx>.

Jim Konicek
Plating Perceptions, Inc.
April 18, 2011
Page 3

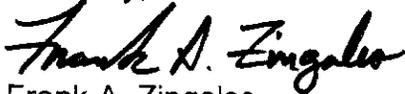
4. You may find copies of the hazardous waste rules and other information on Ohio EPA's web page at: <http://epa.ohio.gov/dhwm>.

Information obtained pertaining to PPI's processes and waste generation is discussed on the Process Description Waste Activities Summary Sheet within the enclosed inspection checklists.

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

Should you have any questions, please contact me at (330) 963-1108.

Sincerely,



Frank A. Zingales
Environmental Specialist
Division of Materials and Waste Management

FAZ:cl

Enclosure

ec: Natalie Oryshkewych, DMWM, NEDO
Nyall McKenna, DMWM, NEDO

cc: Marlene Kinney, DMWM, NEDO

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

Completed verification forms required to be submitted to CO should be e-mailed to brad.hauser@epa.state.oh.us.

Site EPA ID No. Site Name Site Location Information Site Land Type (check only one) NAICS code(s) www.census.gov/epcd/www/naics.html	EPA ID Number: OHD987033362 Name: Plating Perceptions, Inc. Website: (Optional) Street Address: 8815 Herrick Rd. City, Town, or Village: Twinsburg State: OH County Name: Summit Zip Code: 44087-0081 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Private <input type="checkbox"/></td> <td style="text-align: center;">County <input type="checkbox"/></td> <td style="text-align: center;">District <input type="checkbox"/></td> <td style="text-align: center;">Federal <input type="checkbox"/></td> <td style="text-align: center;">Indian <input type="checkbox"/></td> <td style="text-align: center;">Municipal <input type="checkbox"/></td> <td style="text-align: center;">State <input type="checkbox"/></td> <td style="text-align: center;">Other <input type="checkbox"/></td> </tr> </table>	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"/>
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"/>		
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">332813</td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>	332813							
332813									

Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: James MI: Last Name: Konicek Title: Vice President Phone Number: 330-425-4180 Phone Number Extension: E-Mail Address: randyppi@windstream.net Fax Number: 330-425-1449 Fax Number Extension: Street or P.O. Box: P.O. Box 81 City, Town or Village: Twinsburg State: OH Zip Code: 44087-0081
--	---

Legal Owner And Operator of the Site. List Additional Owners and/or Operators in the Comment Section or on another copy of this form page	Name of Site's Legal Owner: Date Became Owner (mm/dd/yyyy): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Owner Type: <input type="checkbox"/></td> <td style="text-align: center;">Private <input type="checkbox"/></td> <td style="text-align: center;">County <input type="checkbox"/></td> <td style="text-align: center;">District <input type="checkbox"/></td> <td style="text-align: center;">Federal <input type="checkbox"/></td> <td style="text-align: center;">Indian <input type="checkbox"/></td> <td style="text-align: center;">Municipal <input type="checkbox"/></td> <td style="text-align: center;">State <input type="checkbox"/></td> <td style="text-align: center;">Other <input type="checkbox"/></td> </tr> </table> Street or P.O. Box: City, Town or Village: Owner Phone #: State: Country: Zip Code: Name of Site's Operator: Date Became Operator (mm/dd/yyyy): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Operator Type: <input type="checkbox"/></td> <td style="text-align: center;">Private <input type="checkbox"/></td> <td style="text-align: center;">County <input type="checkbox"/></td> <td style="text-align: center;">District <input type="checkbox"/></td> <td style="text-align: center;">Federal <input type="checkbox"/></td> <td style="text-align: center;">Indian <input type="checkbox"/></td> <td style="text-align: center;">Municipal <input type="checkbox"/></td> <td style="text-align: center;">State <input type="checkbox"/></td> <td style="text-align: center;">Other <input type="checkbox"/></td> </tr> </table> Street or P.O. Box: City, Town or Village: Operator Phone #: State: Country: Zip Code:	Owner Type: <input type="checkbox"/>	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"/>	Operator Type: <input type="checkbox"/>	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"/>
Owner Type: <input type="checkbox"/>	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"/>											
Operator Type: <input type="checkbox"/>	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"/>											

VIOLATIONS CITED? Yes No

TYPE OF HANDLER - MARK "X" AS APPROPRIATE

<input type="checkbox"/> Not a HW Generator	<input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11 <input type="checkbox"/> Short-Term/Temporary Generator (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 checked="" type="checkbox"/> Large Quantity Generator (LQG) <input type="checkbox"/> Small Quantity Generator (SQG) <input type="checkbox"/> Conditionally Exempt Small Quantity Generator <input type="checkbox"/> U.S. Importer of Hazardous Waste <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 checked="" 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 opting into managing laboratory hazardous waste pursuant to OAC rules 3745-52-200 through 3745-52-216. Check the box(es) 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 D002 D006 D007 D008 D035 F005

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:
Tanks Yes No
Containers Yes No

Name of Inspector(s)
Frank Zingales

Name of Inspector(s)

Date of Inspection/Time
(mm/dd/yyyy) (hh:mm)
03/24/2011 09:50

Comments:

PROCESS, WASTE, P2 SUMMARY SHEET

Facility Name: Plating Perceptions, Inc. (PPI) **Facility Type:** LQG **Date of Inspection:** March 24, 2011 **EPA ID#:** OHD987033362

General Process Information:

PPI conducts metal finishing operations involving chromium, cadmium-cyanide, electroless nickel plating, chromating and etching/stripping. See attached matrix concerning waste generation and management activities at the facility. Information concerning the location of hazardous waste accumulation areas may be found in the facility's contingency plan (copy present in file).

Regulatory/Enforcement History: None to date.

Waste Generated			On- or Off-Site Management		P2 Activities	
Process/Activity Generating Waste	Waste Description	Amount Generated / Type of Accumulation / Location	Type of On-Site Treatment	Name, state, and type of activity occurring at the off-site facility.	Current P2 Activities	P2 Opportunities
1. Plating operations – chromium and cadmium.	Spent chromium and cadmium rinse waters - D006/D007	~21000# per month. Rinse waters accumulated in Tank C2 (1210-gallons) and Tank C8 (840-gallons) located at area B-101. Cadmium rinse waters accumulated in 275-gallon totes at area B-101	None	Vickery Environmental Vickery, OH OHD020273819	Rinse waters are used to make up plating bath solutions.	
2. Plating operations – clean out of chromium plating tanks.	Waste tank bottoms (solid) - D007/D008	Periodic generation, ~500-700# annually. Waste accumulated in containers at generator accumulation area at B-102/Area 3.	None	Chemtron Corp. Avon, OH OHD066060609	Use re-usable blanket filters.	
3. Plating operations – etching.	Spent etch solution - D002	Periodic generation, amount generated varies. Pumped from process tank directly into transporter's vehicle.	None	Vickery Environmental Vickery, OH OHD020273819		
3. Parts cleaning activities.	Spent MEK solvent - D001/D035/F005	Satellite accumulation in a container at B-102/Area 2. Once full, moved to generator accumulation area at B-102/Area 3.	None	Chemtron Corp. Avon, OH OHD066060609	New degreasing system (citrus based cleaner with sodium hydroxide) installed about two months ago. System expected to reduce waste MEK generation.	

4.	Abrasive blasting of parts.	Spent blasting media (Aluminum Oxide).	Accumulated in containers at area B-102.	None			Recycling of spent media.
5.	Maintenance	Universal Waste Lamps	Accumulated in containers above Masking area.	None	Chemical Solvents Cleveland, OH OHD980897656		
6.	Maintenance	Rags		None	Cintas	Laundered	

REMARKS—GENERAL INFORMATION

Would this facility be interested in a P2 assessment? Made facility aware of opportunity.

Office of Compliance Assistance and Pollution Prevention: 1-800-329-7518 or p2mail@epa.state.oh.us or www.epa.state.oh.us/ocapp/ocapp.html

LARGE QUANTITY GENERATOR REQUIREMENTS
COMPLETE AND ATTACH A PROCESS DESCRIPTION SUMMARY

CESQG: ≤100 Kg. (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: Safety Glasses

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.	Are records of waste determination being kept for at least 3 years? [3745-52-40(C)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3.	Has the generator obtained a U.S. EPA identification number? [3745-52-12]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.	Were annual reports filed with Ohio EPA on or before March 1 st ? [3745-52-41(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.	Are annual reports kept on file for at least 3 years? [3745-52-40(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6.	Has the generator transported or caused to be transported hazardous waste to other 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"/>
7.	Has the generator disposed of hazardous waste on-site without a permit or at another facility other than a facility authorized to dispose of the hazardous waste? [ORC 3734.02(E)&(F)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
8.	Does the generator accumulate hazardous waste?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

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

9.	Has the generator accumulated hazardous waste on-site in excess of 90 days without a permit or an extension from the director ORC §3734.02(E)&(F)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
----	--	--

NOTE: If F006 waste is generated and accumulated for > 90 days and is recycled see 3745-52-34(G)&(H).

10.	Does the generator treat hazardous waste in a: [ORC 3734.02(E)&(F)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Container that meets 3745-66-70 to 3745-66-77?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Tank that meets 3745-66-90 to 3745-66-100 except 3745-66-97(C)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input 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 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 type="checkbox"/>

NOTE: Complete appropriate checklist for each unit.

NOTE: If waste is treated to meet LDRs, use LDR checklist.

11.	Does the generator export hazardous waste? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Has the generator notified U.S. EPA of export activity? [3745-52-53(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Has the generator complied with special manifest requirements? [3745-52-54]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	For manifests that have not been returned to the generator: has an exception report been filed? [3745-52-55]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Has an annual report been submitted to U.S. EPA? [3745-52-56]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

e.	Are export related documents being maintained on-site? [3745-52-57(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
MANIFEST REQUIREMENTS		
12.	Have all hazardous wastes shipped off-site been 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"/>
13.	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"/>
<i>NOTE: U.S. EPA Form 8700-22(A) (the continuation form) may be needed in addition to Form 8700-22. In these situations items (21) through (35) must also be completed. [3745-52-20(A)(1)]</i>		
14.	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"/>
<i>NOTE: The generator may designate on the manifest one alternate 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)]</i>		
15.	If the transporter was unable to deliver a shipment of hazardous waste to the designated facility, did the generator designate an alternate TSD facility or give the transporter instructions to return the waste? [3745-52-20(D)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16.	Have the manifests been signed by the generator and initial transporter? [3745-52-23(A)(1)&(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: Remind the generator that the certification statement they signed indicates: 1) they have properly prepared the shipment for transportation and 2) they have a program in place to reduce the volume and toxicity waste they generate.</i>		
17.	If the generator received a rejected load or residue and accumulated the waste on-site, did the generator sign item 18c or 20 of the manifest? [3745-52-34(M)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
18.	If the generator did not receive a return copy of each completed manifest within 35 days of the waste being accepted by the transporter, did the generator contact the transporter and/or TSD facility to check on the status of the waste? [3745-52-42(A)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
19.	If the generator has not received the manifest within 45 days, did the generator file an exception report with Ohio EPA? [3745-52-42(A)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20.	Are signed copies of all manifests and any exception reports being retained for at least three years? [3745-52-40]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: Waste generated at one location and transported along a publicly accessible road for temporary consolidated storage or treatment on a contiguous property also owned by the same person is not considered "on-site" and manifesting and transporter requirements must be met. To transport "along" a public right-of-way the destination facility has to act as a transfer facility or have a permit because this is considered to be "off-site." For additional information see the definition of "on-site" in OAC rule 3745-50-10.</i>		
PERSONNEL TRAINING		
21.	Does the generator have a training program which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to their positions? [3745-65-16(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
22.	Does the personnel training program, at a minimum, include instructions to ensure that facility personnel are able to respond effectively to emergencies involving hazardous waste by familiarizing them with emergency procedures, emergency equipment and emergency systems (where applicable)? [3745-65-16(A)(3)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: For facility employees that receive emergency response training pursuant to OSHA regulations, the facility is not required to provide separate emergency response training, provided that the overall facility training meets all the requirements of OAC 3745-65-16(A). [3745-65-16(A)(4)]</i>		
23.	Is the personnel training program directed by a person trained in hazardous waste management procedures? [3745-65-16(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
24.	Do new employees receive training within six months after the date of hire (or assignment to a new position)? [3745-65-16(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
25.	Does the generator provide annual refresher training to employees? [3745-65-16(C)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

26.	Does the generator keep records and documentation of:		
	a.	Job titles? [3745-65-16(D)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Job descriptions? [3745-65-16(D)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Type and amount of training given to each person? [3745-65-16(D)(3)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Completed training or job experience required? [3745-65-16(D)(4)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
27.	Are training records for current personnel kept until closure of the facility and are training records for former employees kept for at least three years from the date the employee last worked at the facility? [3745-65-16(E)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: The following section can be used by the inspector to document that all personnel who are involved with hazardous waste management have been trained. The employees who need training (written and/or on-the-job) may include the following: environmental coordinators, drum handlers, emergency coordinators, personnel who conduct hazardous waste inspections, emergency response teams, personnel who prepare manifest, etc.

Job Performed	Name of Employee	Date Trained

CONTINGENCY PLAN

28.	Does the owner/operator have a contingency plan to minimize hazards to human health or the environment from fires, explosions or any unplanned release of hazardous waste? [3745-65-51(A)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
29.	Does the plan describe the following:		
	a.	Actions to be taken in response to fires, explosions or any unplanned release of hazardous waste? [3745-65-52(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Arrangements with emergency authorities? [3745-65-52(C)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	A current list of names, addresses and telephone numbers (office and home) of all persons qualified to act as emergency coordinator? [3745-65-52(D)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	d.	A list of all emergency equipment, including: location, a physical description and brief outline of capabilities? [3745-65-52(E)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e.	An evacuation plan for facility personnel where there is possibility that evacuation may be necessary? [3745-65-52(F)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: If the facility already has a "Spill Prevention, Control and Countermeasures Plan" under 40 CFR Part 112 or 40 CFR Part 1510, or some other emergency plan, the facility can amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with OAC requirements. The facility may develop one contingency plan which meets all regulatory requirements. Ohio EPA recommends that the plan be based on the "National Response Team's Integrated Contingency Plan Guidance (One Plan)." [3745-65-52(B)]

30.	Is a copy of the plan (plus revisions) kept on-site and been given to all emergency authorities that may be requested to provide emergency services? [3745-65-53(A)&(B)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
31.	Has the generator revised the plan in response to rule changes, facility, equipment and personnel changes, or failure of the plan? [3745-65-54]		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
32.	Is an emergency coordinator available at all times (on-site or on-call)? [3745-65-55]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: The emergency coordinator shall be thoroughly familiar with: (a) all aspects of the facility's contingency plan; (b) all operations and activities at the facility; (c) the location and characteristics of waste handled; (d) the location of all records within the facility; (e) facility layout; and (f) shall have the authority to commit the resources needed to implement provisions of the contingency plan.

EMERGENCY PROCEDURES		
33.	Has there been a fire, explosion or release of hazardous waste or hazardous waste constituents since the last inspection? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a. Was the contingency plan implemented? [3745-65-51(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. Did the facility follow the emergency procedures in 3745-65-56(A) through (H)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c. Did the facility submit a report to the Director within 15 days of the incident as required by 3745-65-56(I)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: OAC 3745-65-51(B) requires that the contingency plan be implemented immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents, which could threaten human health and the environment.</i>		
PREPAREDNESS AND PREVENTION		
34.	Is the facility operated to minimize the possibility of fire, explosion, or any unplanned release of hazardous waste? [3745-65-31]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
35.	Does the generator have the following equipment at the facility, if it is required due to actual hazards associated with the waste:	
	a. Internal communications or alarm system? [3745-65-32(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input 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"/>
<i>NOTE: Verify that the equipment is listed in the contingency plan.</i>		
36.	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"/>
37.	Are emergency equipment tests (inspections) recorded in a log or summary? [3745-65-33]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
38.	Do personnel have immediate access to an internal alarm or emergency communication device when handling hazardous waste (unless the device is not required under 3745-65-32)? [3745-65-34(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
39.	If there is only one employee on the premises, is there immediate access to a device (eg., phone, hand held two-way radio) capable of summoning external emergency assistance (unless not required under 3745-65-32)? [3745-65-34(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
40.	Is adequate aisle space provided for unobstructed movement of emergency or spill control equipment? [3745-65-35]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
41.	Has the generator attempted to familiarize emergency authorities with possible hazards and facility layouts? [3745-65-37(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
42.	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"/>
SATELLITE ACCUMULATION AREA REQUIREMENTS		
43.	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 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"/>
44.		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 type="checkbox"/>
	b.	Did the generator mark the container(s) holding 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 type="checkbox"/>
NOTE: The satellite accumulation area is limited to 55 gallons of hazardous waste accumulated from a distinct point of generation in the process under the control of the operator of the process generating the waste (less than 1 quart for acute hazardous waste). There could be individual waste streams accumulated in an area from different points of generation.			
USE AND MANAGEMENT OF CONTAINERS IN <90 DAY ACCUMULATION AREAS			
45.		Has the generator marked containers with the words "Hazardous Waste?" [3745-52-34(A)(3)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
46.		Is the accumulation date on each container? [3745-52-34(A)(2)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
47.		Are hazardous wastes stored in containers which are:	
	a.	Closed (except when adding/removing wastes)? [3745-66-73(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	In good condition? [3745-66-71]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Compatible with wastes stored in them? [3745-66-72]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Handled in a manner which prevents rupture/leakage? [3745-66-73(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
NOTE: Record location on process summary sheets, photograph the area, and record on facility map.			
48.		Is the container accumulation areas(s) inspected weekly? [3745-66-74]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a.	Are inspections recorded in a log or summary? [3745-66-74]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
NOTE: "Week" means 7 consecutive days per ORC§1.44(A).			
49.		Are containers of ignitable or reactive wastes located at least 50 feet (15 meters) from the facility's property line? [3745-66-76]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
50.		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"/>
51.		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"/>
52.		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.			
53.		If the generator has closed a <90 day accumulation area does the closure appear to have met the closure performance standard of 3745-66-11? [3745-52-34(A)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTE: Please provide a description of the unit and documentation provided by the generator for the file to demonstrate that closure was completed in accordance with the closure performance standards. If the generator has closed a <90 day tank, closure must also be completed in accordance with OAC 3745-66-97 (except for paragraph C of this rule). [3745-52-34]

PRE-TRANSPORT REQUIREMENTS

54.	Does the 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"/>
55.	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"/>
56.	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"/>

NOTE: Continue with the generator LDR requirements on the next page.

GENERATOR LDR REQUIREMENTS

NOTE: This LDR checklist does not include the requirements for generators that treat to meet LDR standards. If the generator treats, the inspector should use the stand-alone Generator LDR checklist instead of this checklist.

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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

FOR EXAMPLE: F006 that exhibits the characteristic for silver or K062 that is corrosive, D002. Review LDR treatment standard in 3745-270-40 to determine what constituents the listed HW is treated for.

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 <u>to meet</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
i.	Applicable HW codes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
ii.	Manifest number of the first shipment to the TSD?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10.	Does the generator have a copy of the LDR notification form/notice on file?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

	[3745-270-07(A)(2)]	
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"/>
NOTIFICATION FORM		
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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
NOTE: Subcategories are found on the LDR treatment standards table under the applicable waste code. Not all HWs have subcategories		
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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
NOTE: Not required if the TSD tests its treatment residues for all underlying hazardous constituents.		
PROHIBITED DILUTION		
12.	Is the HW treated by burning? If "No" go to #15.	Yes <input checked="" type="checkbox"/> No <input 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 is given in the Appendix to 3745-270-03.		
14.	a. Metal-bearing HWs cannot be incinerated, combusted or, blended and burned for fuel unless one of the following conditions apply. [3745-270-03(c)]	
	i. Contains > 1% TOC?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input 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 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 type="checkbox"/>
	iv. Has a reasonable heating value (e.g., > 5000 Btu)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	v. Co-generated with a HW that must be combusted?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input 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 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 type="checkbox"/>
<i>NOTE: If "Yes", HW is improperly being treated by dilution.</i>		
	b. Does the waste carry the D001 code <u>and</u> contain $\geq 10\%$ TOC?	Yes <input type="checkbox"/> No <input 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 type="checkbox"/>
<i>NOTE: If the answers to b & 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>		

LQG TANK SYSTEM REQUIREMENTS (OAC rule 3745-52-34(A) and OAC rules 3745-66-90 through 3745-66-100)

(Please refer to the rules before or while completing this checklist.)

1.	Is each tank clearly labeled/marked with the words "Hazardous Waste?" [3745-52-34(A)(3)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
----	--	--

TANK SYSTEM – GENERAL OPERATING REQUIREMENTS

2.	Does the o/o follow the general operating requirements below:	
a.	Does the o/o prevent placement of hazardous waste or treatment reagents in tank or secondary containment if such placement can cause the system to leak, rupture, corrode, or otherwise fail? [3745-66-94(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Does the o/o use appropriate controls to prevent spills or overflows from the system (e.g., check valves, dry disconnect couplings, high level alarms, etc.)? [3745-66-94(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	If a leak or spill has occurred in the tank system, has the o/o complied with 3745-66-96? [3745-66-94(C)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

TANK SYSTEM – INSPECTION REQUIREMENTS

3.	Has the o/o documented the inspections required in 3745-66-95, in the operating record, including inspection of the following:	
a.	Data from leak detection equipment each operating day? [3745-66-95(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Spill control equipment each operating day? [3745-66-95(B)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Above ground portion of tank each operating day? [3745-66-95(B)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Construction materials and area immediately surrounding the tanks for signs of erosion or release of hazardous waste each operating day? [3745-66-95(B)(3)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: "Each operating day" is each day that the tank system is being used to manage (store or treat) hazardous waste.

4.	For tank systems using leak detection systems to alert facility personnel to leaks or implementing established workplace practices to ensure leaks are promptly identified, has the o/o documented: [3745-66-95(C)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
a.	Inspections of spill control equipment weekly?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Inspections of above ground portion of tank weekly?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Inspections of construction materials and area immediately surrounding the tanks for signs of erosion or release of hazardous waste weekly?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Use of the alternate inspection schedule, including a description of the established workplace practices at the facility?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.	For ancillary equipment NOT provided with secondary containment, has the o/o documented inspections of such equipment each operating day? [3745-66-95(E)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
6.	Where applicable, did the o/o inspect the cathodic protection system to confirm proper operation within six months of initial installation and annually thereafter? [3745-66-95(F)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
7.	Where applicable, did the o/o inspect all sources of impressed current at least bi-monthly? [3745-66-95(F)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

TANK SYSTEM CLOSURE REQUIREMENTS

8.	If the o/o has closed a <90 day tank, was closure completed in accordance with OAC 3745-66-97 (except for paragraph C)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
----	---	--

TANK SYSTEMS STORING IGNITABLE OR REACTIVE WASTES		
9.	For tanks used to treat or store ignitable or reactive wastes, has the o/o complied with one of the following: [3745-66-98(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	a. Is the waste treated immediately after placement in the tank so that the resultant mixture is no longer ignitable or reactive and the o/o has conducted such activities in compliance with 3745-66-17(B)? [3745-66-98(A)]; or	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. Is the waste stored or treated to protect it from materials or conditions which may cause ignition or reaction? [3745-66-98(A)]; or	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c. The tank is used solely for emergencies? [3745-66-98(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10.	If ignitable or reactive waste is stored or treated, are protective distances maintained between waste management areas and any public streets, alleys or adjoining property lines as required by the NFPA Flammable and Combustible Liquids Code (2008)? [3745-66-98(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11.	Has the o/o placed incompatible wastes or materials into the same tank system, or into a tank system that has not been decontaminated and which previously held an incompatible waste or material? [3745-66-99(A) and/or (B)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a. If so , have the requirements of 3745-65-17(B) been met? [3745-66-99(A) and/or (B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
TANK SYSTEM – WASTE ANALYSIS REQUIREMENTS		
12.	In addition to conducting the waste analysis required by 3745-65-13, when the tank system is used to store or treat a waste which is substantially different or uses a substantially different process than previously used, has the o/o done one of the following: [3745-66-100]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	a. Conducted waste analysis and trial treatment or storage tests? [3745-66-100(A)]; OR	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. Obtained written documentation on similar waste under similar operating conditions to show that the proposed storage/treatment will meet the requirements of OAC 3745-66-94? [3745-66-100(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
TANK SYSTEMS REQUIREMENTS		
13.	Is there a written assessment attesting that the design, installation and structural integrity of the system is adequate for the management of hazardous waste(s)? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: You should review the file to see if the written assessment has been previously reviewed and what the results were.</i>		
14.	Does the written assessment include the following: [3745-66-92(A)]	
	a. Certification by a qualified professional engineer? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. Consideration of the design standards of the system? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c. Consideration of the hazardous characteristics of the waste(s)? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d. An evaluation by a corrosion expert (only if the external system/components are metal and in contact with soil or water)? [3745-66-92(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	e. A determination of design and operational measures that will be needed to protect the tank system from potential damage (only for underground tank components)? [3745-66-92(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	f. Design considerations to ensure that the tank foundations will maintain the load of a full tank? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	g. Design considerations for anchoring the unit to prevent floatation (only for tanks situated in a seismic fault zone or saturated zone)? [3745-66-92(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

	h.	Design considerations to ensure that the tank system will withstand the effects of frost heave (only for underground tank systems)? [3745-66-92(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: CO-DHWM Engineering staff are available to assist you with evaluation of the written assessment.</i>			
15.	Are there written statements by those persons who supervised installation or certified design of the new tank system, that the tank system was properly installed and designed and that required repairs were performed? [3745-66-92(G)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do the written statements address all of the following:			
	a.	Inspection for damage and/or inadequate construction and installation was conducted? [3745-66-92(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Statement that deficiencies were corrected before the tank system was covered or put into use? [3745-66-92(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c.	Proper backfilling? [3745-66-92(C)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	d.	Tightness test; if the tank system was found not to be tight, does the statement indicate that proper repairs were made? [3745-66-92(D)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e.	Proper support and protection of ancillary equipment? [3745-66-92(E)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	f.	Supervision of the installation of field fabricated corrosion protection? [3745-66-92(F)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
SECONDARY CONTAINMENT			
16.	Has secondary containment been provided? [3745-66-93(A)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: Secondary containment must be provided for tank systems that store or treat materials that become hazardous wastes within two years after the hazardous waste listing, or when the system has reached 15 years of age, whichever comes later. [3745-66-92(A)(2)]</i>			
17.	Is secondary containment one of the following:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a.	An External Liner ? [3745-66-93(E)(1)] If so,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	i.	Is liner designed or operated to contain 100% of the capacity of the largest tank?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	ii.	Is liner designed and operated to prevent run-on and infiltration <u>or</u> the collection system has <u>excess</u> capacity to contain run-on and infiltration from a 25-year, 24-hour storm?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	iii.	Is liner free of cracks and gaps?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	iv.	Does liner completely surround the tank and cover all earth likely to be contacted by waste during a release?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	v.	Are chemically resistant water stops in place at all points? (<i>concrete liners only</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	vi.	Is there a compatible interior coating or lining to prevent migration of waste into the concrete? (<i>concrete liners only</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Vault System ? [3745-66-93(E)(2)] If so,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	i.	Is vault system designed to contain 100% of the capacity in the largest tank?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	ii.	Is liner designed and operated to prevent run-on and infiltration <u>or</u> the collection system has <u>excess</u> capacity to contain run-on and infiltration from a 25-year, 24-hour storm?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	iii.	Are chemically resistant water stops in place at all points?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

	iv.	Is there a compatible interior coating to prevent migration into the concrete?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	v.	For ignitable or reactive waste : Is the vault system provided with means to prevent (or alternatively "protect against") the formation or ignition of vapors?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	vi.	Is vault system provided with an exterior moisture barrier?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Double-Walled Tank? [3745-66-93(E)(3)] If so,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	i.	Is double-walled tank designed as an integral structure to contain any release from the inner tank?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	ii.	If metal , are the primary tank interior and outer shell exterior surfaces protected from corrosion?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	iii.	Is double-walled tank provided with a continuous leak detection system able to detect a release within 24 hours or at the earliest practicable time?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	An Equivalent Device? As described in 3745-66-93(D)(4) which has been approved by the director? [3745-66-93(D)&(E)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
SECONDARY CONTAINMENT DESIGN/OPERATION/INSTALLATION			
18.	Has each secondary containment system been designed, installed and operated to prevent <u>any</u> migration of wastes or liquid to the soil, groundwater, or surface water and is it capable of <u>detecting</u> and <u>collecting</u> releases and accumulated liquids? [3745-66-93(B)(1)&(2)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
19.	Does the secondary containment system meet the following minimum requirements of [3745-66-93(C)]:		
	a.	Constructed or lined with compatible materials of sufficient strength to prevent failure? [3745-66-93(C)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Placed on a foundation or base capable of providing support? [3745-66-93(C)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Provided with a leak detection system designed/operated to detect failure to primary or secondary containment or any release of hazardous waste within 24 hours or at earliest practicable time? [3745-66-93(C)(3)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Sloped or designed to drain and remove liquid resulting from leaks, spills or precipitation? [3745-66-93(C)(4)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e.	Any liquid which accumulates in the containment unit resulting from spills, leaks or precipitation removed within 24 hours or in a timely manner? [3745-66-93(C)(4)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
ANCILLARY EQUIPMENT REQUIREMENTS			
20.	Is ancillary equipment provided with secondary containment (such as double-walled piping, jacketing or a trench)?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	If not , is the ancillary equipment one of the following: [3745-66-93(F)]		
	a.	Above ground piping (exclusive of flanges, joints, valves and connections) that is inspected daily?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Welded flanges, welded joints and/or welded connections that is inspected daily?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Sealless or magnetic coupling pumps and/or sealless valves?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Pressurized above ground piping systems with automatic shut-off devices (e.g., excess flow check valves, flow metering shutdown and/or loss of pressure-actuated shut-off devices) that is inspected daily?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
TANK SYSTEMS FOUND TO BE LEAKING OR UNFIT FOR USE			
21.	Has there been a leak or spill from any tank system or has any tank system		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

	been found unfit for use? If so , did the o/o:	
<i>NOTE: If the tank is found to be unfit for use, inspector should explain why.</i>		
a.	Immediately cease flow of material into tank and investigate the cause of the release? [3745-66-96(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Remove waste from tank system to prevent further release within 24 hours of detection or earliest practicable time? [3745-66-96(B)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Remove all material released into secondary containment system within 24 hours or as timely as possible to prevent harm to human health and the environment? [3745-66-96(B)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	For a visible release to the environment, immediately conduct a visual inspection of the release? [3745-66-96(C)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
e.	For a visible release to the environment, prevent further migration of the leak or spill to soils or surface waters? [3745-66-96(C)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
f.	For a visible release to the environment, properly dispose of any visibly contaminated soil or surface water? [3745-66-96(C)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
g.	Report any release to the environment to the director within 24 hours unless it was less than one pound and was cleaned up immediately? [3745-66-96(D)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
h.	For a release to the environment, submit a written report of the incident to the director within 30 days of the release? [3745-66-96(D)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
i.	Remediate the spill and repair the unit prior to returning it to service? [3745-66-96(E)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
j.	For a release from a tank system without secondary containment, did the o/o provide secondary containment meeting the requirements of 3745-66-93 for the unit prior to putting it back into service? [3745-66-96(E)(4)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: The requirements noted in 20.j. do not apply if the release was from an above ground component of the tank which can be inspected visually after being put back into service.</i>		
22.	In the event that the repairs to the tank system were major (e.g., replacement of liner, repair of ruptured primary or secondary containment structure), did the o/o obtain a certification from a qualified professional engineer attesting that the repaired unit is capable of handling hazardous waste? [3745-66-96(F)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
23.	Was a copy of the certification submitted to the director within seven days after returning the system to use? [3745-66-96(F)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
24.	If the o/o was unable to repair and return the unit to service as described in 20.a through 20.e, was the tank system closed in accordance with 3745-66-97? [3745-66-96(E)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
25.	Does the o/o have a tank system with a variance from secondary containment from which a release has occurred but <u>has not</u> migrated beyond the zone of engineering control? If so ,	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Has the o/o complied with 3745-66-96(A) through (F), except (D), and decontaminated soils? [3745-66-93(G)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	If soils cannot be decontaminated/removed, has the o/o complied with 3745-66-97(B)? [3745-66-93(G)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
26.	Does the o/o have a tank system with a variance from secondary containment from which a release occurred and <u>has</u> migrated from the zone of engineering control? If so ,	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Has the o/o complied with 3745-66-96(A) through (D), prevented migration, and decontaminated soil? [3745-66-93(G)(4)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	If soils cannot be decontaminated/removed, or if the groundwater has been contaminated, has the o/o complied with 3745-66-97(B)? [3745-66-93(G)(4)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

SMALL QUANTITY UNIVERSAL WASTE HANDLER REQUIREMENTS – BATTERIES AND LAMPS

Large Quantity Universal Waste Handler (LQUWH) = 5,000 Kg or more

Small Quantity Universal Waste Handler (SQUWH) = 5,000 Kg or less

PROHIBITIONS

1.	Did the SQUWH dispose of universal waste? [3745-273-11(A)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
2.	Did the SQUWH dilute or treat universal waste, except when responding to releases as provided in OAC rule 3745-273-17 or managing specific wastes as provided in OAC rule 3745-273-13? [3745-273-11(B)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

WASTE MANAGEMENT AND LABELING/MARKING

UNIVERSAL WASTE BATTERIES – No batteries on-site during inspection.

3.	Are batteries that show evidence of leakage, spillage or damage that could cause leaks contained? [3745-273-13(A)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.	If batteries are contained, are the containers closed and structurally sound, compatible with the contents of the battery and lack evidence of leakage, spillage or damage that could cause leakage? [3745-273-13(A)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.	Are the casings of the batteries breached, not intact, or open (except to remove the electrolyte)? [3745-273-13(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6.	If the electrolyte is removed or other wastes generated, has it been determined whether the electrolyte or other wastes exhibit a characteristic of hazardous waste? [3745-273-13(A)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	If the electrolyte or other waste is characteristic, is it managed in compliance with OAC Chapters 3745-50 through 3745-69? [3745-273-13(A)(3)(a)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	If the electrolyte or other waste is not hazardous, is it managed in compliance with applicable law? [3745-273-13(A)(3)(b)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7.	Are the batteries or containers of batteries labeled with the words "Universal Waste - Batteries" or "Waste Battery(ies)" or "Used Battery(ies)"? [3745-273-14(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

UNIVERSAL WASTE LAMPS

8.	Does the SQUWH contain lamps in containers or packages that are structurally sound, adequate to prevent breakage, and compatible with contents of the lamps? Are containers or packages closed and do they lack evidence of leakage, spillage or damage that could cause leakage? [3745-273-13(D)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
9.	Are lamps that show evidence of breakage, leakage or damage that could cause a release of mercury or hazardous constituents into the environment immediately cleaned up? Are they placed into a container that is closed, structurally sound, compatible with the contents of the lamps, and lack evidence of leakage, spillage or damage that could cause leakage or releases of mercury or hazardous waste constituents to the environment? [3745-273-13(D)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTE: Treatment (such as crushing) by a UWH is prohibited under this rule unless the facility is permitted for such activities [3745-273-31(B)]. A generator crushing lamps must manage lamps according to hazardous waste rules (OAC Chapter 3745-52). Lamp crushing is a form of generator treatment (OAC rule 3745-52-34). Crushed lamps must be transported by a registered hazardous waste transporter to a permitted hazardous waste facility using a hazardous waste manifest.

10.	Are the lamps or containers or packages of lamps labeled with the words "Universal Waste - Lamp(s)" or "Waste Lamp(s)" or "Used Lamp(s)"? [3745-273-14(E)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
-----	--	--

ACCUMULATION TIME		
11.	Is the waste accumulated for less than one year? [3745-273-15(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. If not, is the waste accumulated over one year in order to facilitate proper recovery, treatment or disposal? (Burden of proof is on the handler to demonstrate) [3745-273-15(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: Accumulation is defined as date generated or date received from another handler.</i>		
12.	Is the handler able to demonstrate the length of time the universal waste has been accumulated? [3745-273-15(C)] If yes, describe below: Inspection log/inventory identifies the earliest date when the universal waste became a waste.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
EMPLOYEE TRAINING		
13.	Are employees who handle or have the responsibility for managing universal waste informed of waste handling/emergency procedures, relative to their responsibilities? [3745-273-16]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
RESPONSE TO RELEASES		
14.	Are releases of universal waste and other residues immediately contained? [3745-273-17(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15.	Is the material released characterized? [3745-273-17(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16.	If the material released is a hazardous waste, was it managed as required in OAC Chapters 3745-50 through 3745-69? (If the waste is hazardous, the handler is considered the generator of the waste and is subject to OAC Chapter 3745-52) [3745-273-17(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
OFF-SITE SHIPMENTS		
<i>NOTE: If a SQUWH self-transport waste, then the handler must comply with the Universal Waste transporter requirements.</i>		
17.	Are universal wastes sent to either another handler, destination facility or foreign destination? [3745-273-18(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
18.	Is the handler aware of DOT requirements for packaging and shipping? If no, make aware of 49 CFR 171-180.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
19.	Prior to shipping universal waste off-site, does the originating handler ensure that the receiver agrees to receive the shipment? [3745-273-18(D)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
20.	Has the originating handler ever had an off-site shipment rejected by another handler or destination facility?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a. If yes, did the originating handler receive the waste back or agree to where the shipment was sent? [3745-273-18(E)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21.	If a handler rejects a partial or full load from another handler, does the receiving handler contact the originating handler and discuss and do <u>one of the following</u> :	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	a. Send the waste back to the originating handler or send the shipment to a destination facility (If both the originating and receiving handler agree)? [3745-273-18(F)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
22.	If the handler received a shipment of hazardous waste that was not a universal waste, did the SQUWH immediately notify Ohio EPA? [3745-273-18(G)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
EXPORTS		
23.	Is waste being sent to a foreign destination?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>