



**Environmental  
Protection Agency**

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

February 27, 2012

**COSHOCTON COUNTY  
ANSELL EDMONT  
DMWM/SEDO  
OHD041080649**

Mr. Aaron Gustkey  
Ansell Healthcare  
2275 State St.  
Osceola Mills, PA 16666

Dear Mr. Gustkey:

On February 13, 2012, I attempted to perform a hazardous waste inspection of the Ansell Edmont facility at 1300 Walnut Street in Coshocton Ohio to determine its compliance with Ohio's hazardous waste laws and regulations, as found in the Ohio Revised Code and the Ohio Administrative Code (ORC and OAC, respectively).

I returned to the site on February 22, 2012 and met with Steve Saylor (Ansell) and Bill Glaze (August Mack) to perform my inspection including the applicable Cessation of Regulated Operations (CRO) requirements. Based on our discussions, I understand that the facility ceased regulated operations sometime between December 2011 and Mid-January, 2012. We observed that Ansell has some security measures in place; however, the required signage has not been posted at the access locations around the facility. Also on February 22, 2012, I received via email an unsigned copy of EPA Form 0327. I understand that Ansell is now working to meet these applicable CRO requirements; however, until I receive a signed 30 day-notification and the signage has been posted, Ansell Healthcare will remain in violation of the following regulation:

1) **OAC rule 3745-352-20(A)(1):(a)** Not later than thirty days after cessation of regulated operations, you must: (a) Submit a notice of cessation of regulated operations to the director (Ohio EPA), the local emergency planning committee, and the fire department using EPA Form 0327. **(b)** Secure the facility in accordance with rule 3745-352-30 of the Administrative Code...

(A) You will be in violation of paragraph (A) of this rule until the completed Form 0327 has been submitted to the above cited agencies (please provide a copy to me at the Southeast District Office).

(B) Additionally, OAC rule 3745-352-30(B) requires you to post warning signs (using the language included in this rule) to be posted at a minimum "at all facility access locations". Given the size of the facility, signs on each side of the property should also be posted in addition to each facility entrance. You also must record the condition of each entry barrier, security measure and warning signage in a log. To demonstrate compliance with this portion of the rule, provide photographs showing the appropriate signage has been posted around the facility and a copy of the weekly inspection log.

**Other compliance issues:**

As we discussed, Ansell must perform generator closure on the less-than-180-day hazardous waste storage area.

Ansell must immediately take the necessary measures to return to compliance with Ohio's environmental laws. **Within 10 days** of receipt of this letter, you are requested to provide documentation to this office including the steps taken to abate the violations cited above. Documentation of steps taken to return to compliance includes written correspondence, updated policies, and photographs, as appropriate, and may be submitted via the postal service or electronically to [rich.stewart@epa.ohio.gov](mailto:rich.stewart@epa.ohio.gov).

Please be advised that violations cited above will continue until the violations have been properly abated. Failure to comply with Chapter 3734. of the Ohio Revised Code and rules promulgated thereunder may result in a civil penalty. It is imperative that you return to compliance. If circumstances delay the abatement of violations, you are requested to submit written correspondence of the steps that will be taken by a date certain to attain compliance.

I look forward to receiving your CRO 30-day certification, photographs of the required signage and a copy of the weekly inspection log as soon as possible. You should also review the 90-day requirements and prepare to submit that documentation or request a waiver from these requirements.

Lastly, we discussed concrete recycling if the slab will be removed from the site. Ohio Concrete Recycling in Newcomerstown is the nearest concrete recycler that I could find in your area. There are several timber recyclers listed in Ohio. I have attached a copy of the checklists that I used to evaluate this facility. If you have any questions, please call me at (740) 380-5278.

Sincerely,



Richard Stewart  
District Representative  
Division of Materials & Waste Management

RS/sb

Attachments

cc: w/o attachments:  
Ralph McGinniss, DMWM, CO

**NOTICE:**

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

Send to Central Office <input checked="" type="checkbox"/>	<b>Ohio Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE</b> <b>IDENTIFICATION/VERIFICATION FORM</b>		For Ohio EPA use only																																				
Completed verification forms required to be submitted to CO should be e-mailed to <a href="mailto:paula.canter@epa.state.oh.us">paula.canter@epa.state.oh.us</a> .																																							
<b>Site EPA ID No.</b> <b>Site Name</b>  <b>Site Location Information</b>  <b>Site Land Type</b> (check only one) <b>NAICS code(s)</b> <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>	EPA ID Number: <b>OHD041080649</b> Name: <b>Ansell Protective Products, Inc.</b>   Website: (Optional) Street Address: <b>1300 Walnut St.</b> City, Town, or Village: <b>Coshocton</b>   State: <b>OH</b> County Name: <b>Coshocton</b>   Zip Code: <b>43812</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Private</td> <td style="width: 12.5%;">County</td> <td style="width: 12.5%;">District</td> <td style="width: 12.5%;">Federal</td> <td style="width: 12.5%;">Indian</td> <td style="width: 12.5%;">Municipal</td> <td style="width: 12.5%;">State</td> <td style="width: 12.5%;">Other</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Private	County	District	Federal	Indian	Municipal	State	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>																										
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<b>Facility Representative</b>  Additional names can be recorded in number 12  Only provide address information if it is different than the site address	First Name: <b>Steve</b>   MI:   Last Name: <b>Saylor</b> Title: <b>Maintenance Manager</b> Phone Number: <b>740-294-9944</b>   Phone Number Extension: E-Mail 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> List Additional Owners and/or Operators in the Comment Section or on another copy of this form page	Name of Site's Legal Owner: <b>Ansell Healthcare</b>   Date Became Owner (mm/dd/yyyy): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Owner Type:</td> <td style="width: 12.5%;">Private</td> <td style="width: 12.5%;">County</td> <td style="width: 12.5%;">District</td> <td style="width: 12.5%;">Federal</td> <td style="width: 12.5%;">Indian</td> <td style="width: 12.5%;">Municipal</td> <td style="width: 12.5%;">State</td> <td style="width: 12.5%;">Other</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> Street or P.O. Box: City, Town or Village: <b>Red Bank</b>   Owner Phone #: State: <b>NJ</b>   Country:   Zip Code: <b>07701</b> Name of Site's Operator:   Date Became Operator (mm/dd/yyyy): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Operator Type:</td> <td style="width: 12.5%;">Private</td> <td style="width: 12.5%;">County</td> <td style="width: 12.5%;">District</td> <td style="width: 12.5%;">Federal</td> <td style="width: 12.5%;">Indian</td> <td style="width: 12.5%;">Municipal</td> <td style="width: 12.5%;">State</td> <td style="width: 12.5%;">Other</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> Street or P.O. Box: City, Town or Village:   Operator Phone #: State:   Country:   Zip Code:			Owner Type:	Private	County	District	Federal	Indian	Municipal	State	Other		<input type="checkbox"/>	Operator Type:	Private	County	District	Federal	Indian	Municipal	State	Other		<input type="checkbox"/>														
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<b>VIOLATIONS CITED?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																							
<b>TYPE OF HANDLER - MARK "X" AS APPROPRIATE</b>																																							
<input type="checkbox"/> Not a HW Generator	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <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). <i>Check the box for the applicable generator status and provide a comment.</i> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Large Quantity Generator (LQG)  <input type="checkbox"/> Small Quantity Generator (SQG)  <input checked="" 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         </td> </tr> </table>			<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). <i>Check the box for the applicable generator status and provide a comment.</i>	<input type="checkbox"/> Large Quantity Generator (LQG) <input type="checkbox"/> Small Quantity Generator (SQG) <input checked="" 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																																		
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**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<br>(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.

F003                      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:  
Tanks             Yes     No  
Containers       Yes     No

Name of Inspector(s)	Name of Inspector(s)	Date of Inspection/Time (mm/dd/yyyy) (hh:mm)
Rich Stewart	Donna Goodman	02/22/2012 10:15

**Comments:**  
Facility undergoing closure, may become LQG temporarily.

**CONDITIONALLY EXEMPT 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:

**WASTE EVALUATION**

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"/>
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**GENERATOR CLASSIFICATION**

2.	Does the generator produce <100 kg. of hazardous waste per month? [conditionally exempt small quantity generator ("CESQG")]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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*NOTE: If quantities of hazardous waste accumulated on-site at any one time exceed 1,000 Kg. - or the generator produces between 100 and 1,000 Kg. of hazardous waste per month, it is operating as a Small Quantity Generator ("SQG"). If so, complete the Small Quantity Generator Requirements checklist.*

**OFF-SITE SHIPMENT OF HAZARDOUS WASTE**

3.	Does the CESQG ensure delivery of hazardous waste(s) to an off-site permitted TSD? [3734.02(F)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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**TREATMENT OF HAZARDOUS WASTE**

4.	Does the generator treat hazardous waste in a:	
	a. Container that meets 3745-66-70 to 3745-66-77?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b. Tank that meets 3745-66-90 to 3745-66-101 except 3745-66-97(C)?	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"/>

*NOTE: Complete appropriate checklist for each unit.*

*NOTE: If the CESQG conducts treatment they are subject to the LQG requirements.*

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

**MIX HAZARDOUS WASTE WITH USED OIL**

5.	Does the CESQG mix its hazardous waste with used oil for the purpose of burning for energy recovery? [3745-51-05(J)] If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a. Does the CESQG manage the mixture in accordance with 3745-279-21?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

**PERMANENT CESSATION OF REGULATED OPERATIONS CHECKLIST**

INSPECTION INFORMATION			
	NAME	AFFILIATION	PHONE NUMBER
Inspectors:	Rich Stewart/Donna Goodman	DMWM-SEDO	740-380-5278
Inspection Dates:	2/22/12	Time:	10:15
Inspection Announced?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If so, how much advance notice given?	1 day
Facility: Rep(s)	Steve Saylor, Ansell; Bill Glaze, August Mack		

**30-DAY REQUIREMENTS**

1.	Did the owner/operator of the reporting facility submit a notice of the cessation of all regulated operations (CRO) on a form prescribed by the Director to the following within 30 days of CRO: [ORC 3752.04 and OAC rule 3745-352-20(A)(1)(a)]		
a.	Director of Ohio EPA?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
b.	Local Emergency Planning Committee?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
c.	Local Fire Department?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
2.	Did the owner/operator designate a contact person? [ORC §3752.05 and OAC rule 3745-352-20(A)(1)(c) ]		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
3.	Did the owner/operator include the following information about the contact person: [ORC §3752.05(B) and OAC rule 3745-352-35(B)]		
a.	Address of principal office of the owner/operator?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
b.	Business or residence address?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
c.	Telephone number of contact person?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
4.	Has the contact person changed? [ORC §3752.05(C) and OAC rule 3745-352-35(D)]		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5.	If the contact person changed his/her address or telephone numbers, did the owner/operator or contact person provide the Director with the new address or telephone number? [ORC §3752.05(D) and OAC rule 3745-352-35(D)]		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

*NOTE: The owner/operator is also required to secure the facility and post warning signs within 30 days of CRO.*

**90-DAY REQUIREMENTS [ORC §3752.06]**

6.	Did the owner/operator make a written certification to Ohio EPA's Director concerning the completion of the removal action within 90 days after CRO? [ORC §3752.06(A)(6) and OAC rule 3745-352-20(A)(2)(g)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> <b>90 days have not elapsed yet.</b>
<i>NOTE: The owner/operator may receive approval from the Director to extend the 90-day period. [ORC §3752.06(B) and OAC rule 3745-352-20(A)(3)].</i>		
7.	Does the owner/operator hold a <b>valid</b> hazardous waste facility installation and operation permit or renewal permit or has obtained a generator identification number issued under the state's hazardous waste program? [ORC §3752.06(C) and OAC rule 3745-352-20(A)(2)(h)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

8.	Did the owner/operator submit to the Director a copy of the most recent emergency and hazardous chemical inventory form that was submitted to the State Emergency Response Commission (SERC), including a statement indicating whether any asbestos-containing materials are present at the facility? [ORC §3752.06(A)(1) and OAC rule 3745-352-20(A)(2)(a)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9.	Did the owner/operator submit to the Director a copy of the current hazardous chemical list or each material safety data sheet that the owner/operator is required to have on file with the SERC? [ORC §3752.06(A)(2) and OAC rule 3745-352-20(A)(2)(b)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10.	Did the owner/operator submit a list of every stationary tank, vat, electrical transformer, and vessel of any type that contains or is contaminated with regulated substances and that is to remain at the facility? [ORC §3752.06(A)(3) and OAC rule 3745-352-20(A)(2)(c)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11.	Did the owner/operator drain or remove all regulated substances from each stationary tank, vat, electrical transformer, and vessel and from all piping, which is to remain at the facility? [ORC §3752.06(A)(4) and OAC rule 3745-352-20(A)(2)(d)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
12.	Did the owner/operator do the following:	
a.	Transfer the regulated substances to another facility owned or operated by the owner/operator? [ORC §3752.06(A)(4)(a) and OAC rule 3745-352-20(A)(2)(d)(i)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>OR</b>		
b.	Transfer ownership of the regulated substances to another person through sale or otherwise? [ORC §3752.06(A)(4)(b) and OAC rule 3745-352-20(A)(2)(d)(ii)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>OR</b>		
c.	Transfer the regulated substances off-site in compliance with applicable waste management laws? [ORC §3752.06(A)(4)(c) and OAC rule 3745-352-20(A)(2)(d)(iii)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13.	Did the owner/operator remove from the facility all debris, non-stationary equipment and furnishings, non-stationary containers, and motor vehicles and rolling stock that contain or are contaminated with a regulated substance? [ORC §3752.06(A)(5) and OAC rule 3745-352-20(A)(2)(d)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
14.	Did the owner/operator do the following:	
a.	Transfer the debris, equipment, furnishings, containers, and motor vehicles and rolling stock to another facility owned and operated by the owner/operator? [ORC §3752.06(A)(5)(a) and OAC rule 3745-352-20(A)(2)(d)(i)].	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>OR</b>		
b.	Transfer ownership of the debris, equipment, furnishings, containers, and motor vehicles, and rolling stock to another person through sale or otherwise? [ORC §3752.06(A)(5)(b) and OAC rule 3745-352-20(A)(2)(d)(ii)].	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>OR</b>		

	c.	Cause the debris, equipment, furnishings, and containers to be transported off-site in compliance with applicable waste management laws and regulations? [ORC §3752.06(A)(5)(c) and OAC rule 3745-352-20(A)(2)(d)(iii)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15.		Did the owner/operator record in a log the standard industrial method used to remove the regulated substance from each item? [OAC rule 3745-352-20(A)(2)(e)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>SECURITY &amp; WARNING SIGNS REQUIREMENTS OF OWNER/OPERATOR [ORC §3752.07 AND OAC RULE 3745-352-30]</b>			
16.		Did the owner/operator secure the facility against unauthorized entry using one or more of the following as provided in OAC rule 3745-352-30(A)(1)-(5) within 30 days of CRO?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a.	Boarded, locked or used other means to secure all windows, doors and other potential means of entry?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Fencing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Lighting and a surveillance system?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Guard or security service?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	e.	Demonstrated to the satisfaction of the Director or his/her designee that the proposed security measures secure against unauthorized entry?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
17.		Did the owner/operator post the appropriate warning signs in the following fashion within 30 days of CRO? [ORC §3752.07(A) and OAC rule 3745-352-30(B)]:	
	a.	Prohibit trespassing and state: "The building, structure, or outdoor location of operations contains or is contaminated with regulated substances that may endanger public health or safety if released into the environment." [OAC rule 3745-352-30(B)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	b.	Are warning signs posted on or reasonable proximate to, the building, structure or outdoor location in sufficient number to alert people? [OAC rule 3745-352-30(B)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	c.	Posted on or reasonably proximate to, locations that contains ignitable regulated substances and includes the language, "No Smoking?" [OAC rule 3745-352-30(B)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Legible from a distance of at least 25 feet? [OAC rule 3745-352-30(B)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	e.	Constructed to withstand weather and affixed to secure against removal? [OAC rule 3745-352-30(B)(4)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
18.		Are entry barrier and warning signs maintained to secure against unauthorized entry by the following measures listed below: [OAC rule 3745-352-30(C)]	
	a.	Inspected weekly or as agreed by the Director or his/her designee, county sheriff's department or local police department? [OAC rule 3745-352-30(C)(1)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	b.	The condition is recorded in an inspection log? [OAC rule	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

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		3745-352-30(C)(2)]	
	c.	Prompt repair or replacement after discovery of damage, lost or removed? [OAC rule 3745-352-30(C)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>ADDITIONAL MULTI-MEDIA QUESTIONS</b>			
If the owner/operator holds a valid hazardous waste installation and operation permit or renewal permit or has obtained a generator identification number issued under the state's hazardous waste program, the following four questions may apply.			
19.		If the facility has an U.S. EPA I.D. number, has the owner/operator submitted a deactivation request letter?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: The inspector should submit a copy of the final CRO letter to Central Office's Regulatory and Information Services Section for I.D. deactivation. If the facility continues to need its I.D. number, the inspector should instruct the owner/operator to submit a deactivation request letter once the I.D. is no longer needed.</i>			
20.		Were there any <90 day accumulation units for hazardous waste?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
		<b>List Where Unit(s) Were/Are:</b>	"Haz-waste storage area" – an indoor container storage area - north of the maintenance shop area - <b>not closed yet.</b>
21.		Did the owner/operator close his facility in a manner that: [OAC 3745-66-11]	
	a.	Minimizes the need for further maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b.	Controls, minimizes, or eliminates, to the extent necessary to protect human health and the environment, post-closure escape of hazardous waste, hazardous constituents, leachate contaminated run-off, or hazardous waste decomposition products to the groundwater, or surface waters, or to the atmosphere?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c.	Complies with the closure requirements of OAC rules 3745-66-10 to 3745-66-20, 3745-66-97, 3745-67-28, 3745-67-58, 3745-67-80, 3745-68-10, 3745-68-51, 3745-68-81 and 3745-69-04?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
22.		During the partial and final closure periods, were all contaminated equipment, structures, and soil properly disposed or decontaminated unless otherwise specified in OAC rules 3745-66-97, 3745-67-28, 3745-67-58, 3745-67-80 or 3745-68-10?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: If necessary, the inspector should supply the owner/operator with the requirements for generator closure and inform them they must close all unit(s) and have documentation that closure was completed (LQGs only) A thorough hazardous waste inspection should be conducted for a subject TSD facility with more stringent requirements. <a href="http://www.epa.state.oh.us/dhwm/guidancedocs.html#closure">http://www.epa.state.oh.us/dhwm/guidancedocs.html#closure</a></i>			
	a.	Were generated hazardous wastes handled in accordance with all applicable requirements of Chapter 3745-52 of the Administrative Code?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
23.		Will there be building demolition or renovation? If yes: <b>Not yet known.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
		Has a <i>Notification of Demolition and Renovation Form</i> been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: Facility demolition work (even partial demolition) requires notification to Ohio EPA or local air agency regardless of whether asbestos is involved as required by the National Emission Standard for Hazardous Air Pollutants (NESHAPS) Standard for Asbestos. Notification requirements are found in OAC 3745-20-03 and 40 CFR §61.145(b). The notification form is available from Ohio EPA's web page at</i>			

<http://www.epa.state.oh.us/dapc/atu/asbestos/asbestos.html>

*The inspector should check with DAPC or local air authority to determine if a notification form has been submitted. If notification was not submitted, the inspector should provide the form to the facility.*

24.	Are there any wells on the property? <b>Not yet known.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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	If yes, where are the wells?	
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	What are the wells used for?	
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*NOTE: If a well is used for drinking water, the inspector should inform DDAGW.*

25.	Is there open dumping of solid waste on the property?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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*NOTE: The inspector should inform DSIWM about open dumping of solid waste.*

## PROCESS, WASTE, P2 SUMMARY SHEET

**Facility Name:** Ansell Healthcare   
 **Facility Type:** LQG SQG CESQG TSD   
**Date of Inspection:** 2/22/12  
**EPA ID#:** OHD041080649

Waste Generated			On- or Off-Site Management		P2 Activities	
Process/Activity Generating Waste <small>(e.g. plating bath, machining, baghouse, painting, general maintenance, etc)</small>	Waste Description <small>(e.g. sludge, solvent, ash, used oil, spent lamps, etc.) and EPA Waste Code, if applic.</small>	QTY Generated per Month, Type of Accumulation (container, tank, etc) and location of waste accumulation area	Type of On-Site Treatment <small>(recycle, wwt, etc)</small>	Name, state, and type of activity occurring at the off-site facility.	Current P2 Activities	P2 Opportunities
1	equipment cleaning from PVC line	spent solvent - D001/F003 production discontinued	NA	Onyx Environmental West Carrollton, OH	fuel blending	
2	lighting	spent flourscent bulbs -UW will be generated during plant shuttering/demo	NA	USA Lamps Cincinnati, OH	recycled	
3	equipment maintenance	parts washer solvent - NHaz no longer generated	NA	Onyx	fuel blending	
4	equipment power sources	spent batteries varies	NA	Resource One Cinci, OH	recycling	
5						
6						
7						
8						

9							
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**REMARKS-GENERAL INFORMATION**

**General Process Information:**

This Ansell Healthcare facility manufactured latex, neoprene, nitrile and PVC workgloves for various applications. Six glove lines are operated, two PVC lines (#21 & #25 lines - where the hazardous solvent waste is generated), three water-based lines ( #20 line-PVA/neoprene, #23 line-a natural rubber and acronitrile rubber line and another nitrile rubber line(#27), and a thermoplastic film line). All production activities ceased in January, 2012.

**Regulatory/Enforcement History** (if applicable):

Last inspected by DHWM in 2007, no violations were cited.

**Additional P2 remarks and information:**

Would this facility be interested in a P2 assessment?  Yes\*  No \*If yes, refer promptly to your district P2 coordinator.  
 Office of Compliance Assistance and Pollution Prevention - 1-800-329-7518 or [p2mail@epa.state.oh.us](mailto:p2mail@epa.state.oh.us) or [www.epa.state.oh.us/ocapp/ocapp.html](http://www.epa.state.oh.us/ocapp/ocapp.html)

**Other:**