



**Environmental
Protection Agency**

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

Re: Omnicare Pharmacy of Northwest Ohio
OHR000162123
Wood County
Hazardous Waste
Notice of Violation/Partial
Return to Compliance

September 21, 2012

Mr. Mike Wisniewski, General Manager
Omnicare Pharmacy of Northwest Ohio
7643 Ponderosa Road
P.O. Box 1030
Perrysburg, Ohio 43552

Dear Mr. Wisniewski:

Thank you and Carl Alder for accompanying Brent Goetz and me during the Ohio Environmental Protection Agency's (Ohio EPA's) August 27, 2012, hazardous waste compliance evaluation inspection of Omnicare Pharmacy of Northwest Ohio (Omnicare) located in Perrysburg, Ohio. We inspected Omnicare to determine its 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. Pollution prevention options were also discussed during this inspection. This letter will explain the violations we found and what you need to do to correct these violations.

During our visit we spoke with you and Carl Alder, toured your building, observed your operations, and reviewed paperwork. Omnicare is a large scale pharmacy that fills prescriptions for long term care facilities such as assisted living and nursing homes. Omnicare does not manufacture any medications. All medications come into your facility pre-packaged. Omnicare generates hazardous waste when medications are sent back to you from the long term care facility. Totes go out and back from each health care facility you service on a daily basis. Omnicare supplies pharmaceuticals to 528 facilities in Ohio, and 337 facilities in Michigan. Each facility tote is sorted and approximately 90% of the returned medications are placed back into your production system or donated. Medications may be returned to you due to dosing changes made by the doctor or the patient may be deceased. The health care facility receives monetary credit for the pharmaceuticals that are returned. Omnicare divides the waste streams into categories and using the electronic tracking code, sorts the returned medications that are deemed wastes into five different waste groups (intravenous, non-hazardous, P-waste, U-waste, and D-waste). A prescription that was filled in a blister pack cannot be put back into the production system since part of the medication is missing from the blister pack. Clean Harbors stops at the facility once every two weeks and picks up approximately five boxes of hazardous waste for disposal. No used oil is generated. Omnicare also generates spent fluorescent bulbs, which are managed as a solid waste.

At the time of our inspection, Omnicare was operating as a small quantity generator (SQG) of hazardous waste.

We found the following violations of Ohio's hazardous waste laws:

1. OAC Rule 3745-52-11, Waste Evaluation:

Any person who generates a waste must determine if that waste is a hazardous waste by using generator knowledge or by testing the waste.

Omnicare failed to have waste evaluation documentation or an established recycling plan in place for the fluorescent bulbs generated at the facility.

Hazardous bulbs are considered "spent materials" and remain hazardous waste even when recycled. Hazardous waste lamp generators have the option of handling their lamps as hazardous waste or as universal waste. Managing hazardous waste lamps under the universal waste rules eases certain regulations imposed on generators of spent lamps.

Please be aware that incandescent, fluorescent, metal halide, neon, high-intensity discharge, high-pressure sodium and mercury-vapor lamps could be hazardous waste when discarded. Fluorescent lamps may contain up to 40 milligrams (mg) of mercury, depending on the brand and manufacturer. Lamps may also contain lead and cadmium. Many lamps exhibit a characteristic of toxicity for heavy metals when disposed. A copy of Fluorescent Lamps: What You Should Know, was given to you at the time of our inspection. I recommend that you review this document and contact me if you have any questions.

On August 28, 2012, I spoke with Carl Alder who stated that Omnicare plans to begin managing the spent fluorescent bulbs as universal waste and recycle them through Clean Harbors.

With this information, this violation has been abated.

2. OAC Rule 3745-52-34(D)(5)(b), Preparedness and Prevention:

A generator must post the following information next to the telephone: the name and telephone number of the emergency coordinator; location of fire extinguishers and spill control equipment, and if present, fire alarms; and the telephone number of the fire department, unless the facility has a direct alarm.

Omnicare failed to have the required information posted next to the telephone located outside of the secured hazardous waste storage area. On August 28, 2012, Omnicare submitted, via electronic mail, a copy of the information now posted next to the telephone. This form was missing the location of fire extinguishers and spill control equipment, and the telephone number of the fire department.

To abate this violation, Omnicare must post the required information next to the telephone and submit a copy of the posted list to Ohio EPA. Omnicare must also submit photographic documentation to show that the list has been properly posted in this area.

3. OAC Rule 3745-66-74, Inspections:

Container storage areas shall be inspected at least once during the period from Sunday to Saturday. These inspections shall be recorded in an inspection log or summary.

Omnicare was not conducting weekly inspections of the hazardous waste storage area.

To abate this violation, Omnicare must immediately begin conducting weekly inspections of the hazardous waste storage area and submit four (4) weeks of completed inspection logs to this office. An example log was given to you at the time of the inspection.

Request for additional information:

Hazardous pharmaceutical waste may be returned to the manufacturer or another company if there is a reasonable likelihood that it will be recycled by being used, reused or reclaimed. Omnicare places 90% of the pharmaceuticals that are returned to them from the health care facilities back into your production system or donated. Please provide three months of documentation on how you track the amount of pharmaceuticals that are returned to your facility; the amount of pharmaceuticals placed back into the production system or donated; and the amount of pharmaceuticals deemed a waste for disposal. In addition, for the pharmaceuticals that are recycled, please provide an explanation of how and where the medication is recycled.

A copy of the following guidance documents are enclosed for your review: The Disposal of Hazardous Pharmaceutical Wastes from Businesses; and Product Return Systems Under Ohio Hazardous Waste Rules. I recommend that you review these documents and contact me if you have any questions.

Ohio EPA has helpful information about compliance assistance and pollution prevention at the following web address: <http://www.epa.ohio.gov/ocapp>. In addition, you can find copies of the rules and other information on the division's web page at: <http://www.epa.ohio.gov/dhwm/>.

Enclosed you will find a copy of the checklists that were completed during the inspection.

Omnicare needs to immediately take the necessary measures to return to compliance with Ohio's environmental laws. Within **14 days** of receipt of this letter, Omnicare is 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 melissa.boyers@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 of up to \$10,000 per day for each violation. It is imperative that you return to compliance.

Mr. Mike Wisniewski
September 21, 2012
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If circumstances delay the abatement of violations, Omnicare is requested to submit written correspondence of the steps that will be taken by date certain to attain compliance.

Should you have any questions or if I can be of assistance, please contact me at (419) 373-3066.

Sincerely,



Melissa L. Boyers
Division of Materials and Waste Management

/cg

Enclosures

pc: Cindy Lohrbach, DMWM, NWDO
Colleen Weaver, DMWM, NWDO
Carl Alder, Omnicare Pharmacy of Northwest Ohio

ec: Colleen Weaver, DMWM, NWDO (scanned e-copy)
Melissa Boyers, DMWM, NWDO
Brent Goetz, DMWM, NWDO

Notice:

Ohio's 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 type="checkbox"/>	Ohio Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION/VERIFICATION FORM	For Ohio EPA use only
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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: OHR000162123 Name: Omnicare Pharmacy of Northwest Ohio Website: (Optional) Street Address: 7643 Ponderosa Road City, Town, or Village: Perrysburg State: OH County Name: Wood Zip Code: 43552 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Private <input checked="" 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 checked="" type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>
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Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: Mike MI: Last Name: Wisniewski Title: general Manager Phone Number: 419-472-6337 Phone Number Extension: 63823 E-Mail Address: Fax Number: Fax Number Extension: Street or P.O. Box: City, Town or Village: State: Zip Code:
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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: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Owner Type:</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> Date Became Owner (mm/dd/yyyy): Street or P.O. Box: City, Town or Village: Owner Phone #: State: Country: Zip Code: Name of Site's Operator: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Operator Type:</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> Date Became Operator (mm/dd/yyyy): Street or P.O. Box: City, Town or Village: Operator Phone #: State: Country: Zip Code:	Owner Type:	Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>	Operator Type:	Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>
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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 type="checkbox"/> Large Quantity Generator (LQG) <input checked="" 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
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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 (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	D005	D007	D009	D010	D011	D013
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COMMENTS: USE THIS AREA TO DESCRIBE WHETHER THE INSPECTION WAS ANNOUNCED, WHETHER THE WASTE IS STORED IN TANKS OR CONTAINERS, ETC.

Announced	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional Facility Representatives: Carl Alder, Building Maint. Mgr.
Tanks	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Containers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Name of Inspector(s)
Melissa Boyers

Name of Inspector(s)
Brent Goetz

Date of Inspection/Time
 (mm/dd/yyyy) (hh:mm)
8/27/2012 10:00

Comments:

D024, D026, P001, P012, P042, P046, P075, P081, P188, U002, U010, U034, U035, U058, U059, U122, U129, U132, U150, U188, U200, U201, U205, U206, U236, U248

**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:

GENERAL REQUIREMENTS

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

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

6.	Has the generator accumulated hazardous wastes in excess of (180/270) days without a permit or an extension from the Director? [3745-52-34; ORC §3734-02(E)&(F)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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NOTE: SQG's shipping waste to a facility greater than 200 miles away can accumulate on-site for 270 days. [3745-52-34 (E)]

7.	Is the generator accumulating more than 6,000 kg on site? [3745-52-34(D)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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NOTE: 6,000 kg = approximately 27, 55-gallon drums. If the facility is accumulating waste for greater than 180/270 days without an extension/permit or is accumulating greater than 6,000 kg on-site, it is classified as a storage facility and TSD standards apply. Complete applicable TSD checklists.

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

NOTE: Complete appropriate checklist for each unit.

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

MANIFEST REQUIREMENTS

9.	Are all hazardous wastes either reclaimed under a contractual agreement as defined in OAC rule 3745-52-20(E), or shipped off-site accompanied by a manifest (U.S. EPA Form 8700-22)? [3745-52-20(A)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10.	Are wastes reclaimed under a contractual agreement? If so: [3745-52-0(E)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a. Does the contractual agreement specify the type of waste and frequency of shipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b. Is the transport vehicle owned and operated by the reclaimer?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

c.	Is a copy of the reclamation agreement kept on-site for at least three years after termination/expiration of the agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
NOTE: If wastes are reclaimed under a contractual agreement and an answer to questions 10(a) through 10(c) is no, the generator is in violation of 3745-52-20 (A) (B) & (D), 3745-52-22 and 3745-52-23. Even if the waste is being reclaimed under agreement, LDRs still apply. Complete LDR checklist.		
11.	Have items 1 through 20 of each manifest been completed? [3745-52-20(A)(1)] & [3745-52-27(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 complete. [3745-52-20(A)(1)]		
12.	Does each manifest designate at least one facility which is permitted to handle the waste? [3745-52-20(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
NOTE: The generator may designate on the manifest one alternative facility to handle the waste in the event of an emergency which prevents the delivery of waste to the primary designated facility. [3745-52-20(C)]		
13.	If the transporter was unable to deliver a shipment of hazardous waste to the designated facility did the generator designate an alternative TSD facility or give the transporter instructions to return the waste? [3745-52-20(D)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
14.	Have the manifests been signed by the generator and initial transporter? [3745-52-23 (A) (1) and (2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
NOTE: Remind the generator that the certification statement they signed indicates: 1) they have properly prepared the shipment for transportation and 2) they have made a good faith effort to minimize their waste generation.		
15.	If the generator received a rejected load or residue, did the generator:	
a.	Sign item 20 of the new manifest or item 18c of the original manifest? [3745-52-23(F)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Provide the transporter a copy of the manifest? [3745-52-23(F)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	Send a copy of the manifest to the designated facility that returned the shipment with 30 days after delivery of the rejected shipment? [3745-52-23(F)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16.	If the generator did not receive a return copy of each completed manifest within 60 days of being accepted by the transporter did the generator submit to Ohio EPA, a copy of the manifest with some indication that the generator has not received confirmation of delivery? [3745-52-42(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17.	Are signed copies of all manifests being retained for at least three years? [3745-52-40]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
NOTE: A generator who sends a shipment of hazardous waste to a TSD facility with the understanding that the TSD facility can accept and manage the waste and later receives that shipment back as a rejected load or residue may accumulate the waste on-site for <90 days or <180 days depending on the amount of hazardous waste on-site in that calendar month. [3745-52-34(M)]		
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.		
PREPAREDNESS AND PREVENTION		
18.	Is an emergency coordinator available at all times (on-site or on-call)? [3745-52-34(D)(5)(a)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
19.	Has the following been posted by the telephone: [3745-52-34(D)(5)(b)]	
a.	Name and telephone number of emergency coordinator?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
b.	Location of fire and spill control equipment, and, if present, fire alarm(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
c.	Telephone number of local fire department?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

20.	Are employees familiar with waste handling and emergency procedures? [3745-52-34(D)(5)(c)] Training Conducted for 4 employees	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
21.	Has the facility properly responded to all fires and spills? [3745-52-34(D)(5)(d)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
22.	Is the facility operated to minimize the possibility of fire, explosion, or any unplanned sudden or nonsudden release of hazardous waste? [3745-65-31]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
23.	Does the generator have the following equipment at the facility if it is required due to actual hazards associated with the waste:	
	a. Internal Alarm system? [3745-65-32(A)]	Yes <input 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"/>
24.	Is emergency equipment tested (inspected) as necessary to ensure its proper operation in time of emergency? [3745-65-33] Daily	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. Are inspections recorded in a log or summary? [3745-65-33]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
25.	Do personnel have immediate access to an internal alarm or emergency communication device when handling hazardous waste (unless the device is not required under OAC 3745-65-32)? [3745-65-34(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
26.	If there is only one employee on the premises is there immediate access to a device (ex. phone, hand-held two-way radio) capable of summoning external emergency assistance (unless not required under OAC 3745-65-32)? [3745-65-34(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
27.	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"/>
28.	Has the generator attempted to familiarize emergency authorities with possible hazards and facility layout? [3745-65-37(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
29.	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		None at the time of the inspection
30.	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 type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b. Are under the control of the operator of the process generating the waste? [3745-52-34(C)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c. Do not exceed a total of 55 gallons of hazardous waste per waste stream? [3745-52-34(C)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	f. Containers are marked with the words "Hazardous Waste" or other words identifying the contents? [3745-52-34(C)(1)(b)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
31.	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 type="checkbox"/> N/A <input checked="" type="checkbox"/>
	a. Did the generator comply with 3745-52-34(A)(1) through (4) or other applicable generator requirements within three days? [3745-52-34(C)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b. Did the generator mark the container(s) holding the excess with the	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

	accumulation date when the 55 gallon (one quart) limit was exceeded? [3745-52-34(C)(2)]	
<p><i>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.</i></p>		
USE AND MANAGEMENT OF CONTAINERS		
32.	Has the generator marked containers with the words "Hazardous Waste?" [3745-52-34(D)(4)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
33.	Is the accumulation date on each container? [3745-52-34(D)(4)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
34.	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"/>
<p><i>NOTE: Record location on process summary sheets and photograph the area.</i></p>		
35.	Is the container accumulation area(s) inspected at least once during the period from Sunday to Saturday? [3745-66-74]	Yes <input type="checkbox"/> No <input checked="" 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"/>
36.	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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
37.	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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
38.	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"/>
<p><i>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.</i></p>		
PRE-TRANSPORT REQUIREMENTS		
39.	Does each generator package/label its hazardous waste in accordance with the applicable DOT regulations? [3745-52-30, 3745-52-31 and 3745-52-32(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
40.	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"/>
41.	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"/>
<p><i>NOTE: Continue with the generator LDR requirements on the next page.</i></p>		

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)] Clean Harbors	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

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

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

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"/>
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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"/>
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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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input 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? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

	a.	Is the form/notice kept on file for three years after last HW shipped? [3745-270-07(A)(8)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
NOTE: Not required if the waste is high TOC D001 or the TSD tests its treatment residues for all underlying hazardous constituents.			
	g.	If the HW is F001-F005 or F039, did the generator note on the LDR form what solvents or constituents, respectively, the waste contains and must be treated for? [3745-270-07(A)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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 <u>one</u> of the following conditions apply. [3745-270-03(c)]	
	i.	Contains > 1% TOC?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	ii.	Contains organic constituents or cyanide at levels greater than the UTS levels?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	iii.	Is made up of combustible material e.g., paper, wood, plastic?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	iv.	Has a reasonable heating value (e.g., > 5000 Btu)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	v.	Co-generated with a HW that must be combusted?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b.	If all responses to 14 a.i. through 14 a.v. are "No", HW is being improperly treated by dilution, violation of 3745-270-03(C). Is HW being treated by dilution?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15.	Was the HW treated by wastewater treatment?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

	a. Is a LDR treatment method, other than DEACT or a numerical value, specified for the waste? [3745-270-03(B) and 3745-270-40(A)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: If "Yes", HW is improperly being treated by dilution.</i>		
	b. Does the waste carry the D001 code <u>and</u> contain $\geq 10\%$ TOC?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c. Does the wastewater treatment process include a process to separate/recover the organic phase of the waste?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: If the answers to b & 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>		