U.S. Environmental Protection Agency
Region III
Multi-Media Screening Checklist

General Information

FACILITY NAME_____

ADDRESS_____
(Street) (City) (State) (Zip)

CONTACT_____

PHONE NUMBER(___)_____(SIC CODE)_____

DESCRIPTION OF FACILITY OPERATIONS_____

_____

_____

_____

NUMBER OF EMPLOYEES_____

LATITUDE_____ LONGITUDE_____

INSPECTORS NAME_____

SIGNATURE_____

TITLE_____

DATE_____

NOTE: This checklist is single sided to allow space on reverse side to record additional information.

RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) - HAZARDOUS WASTE

1. **Ask -** Does the facility have an EPA RCRA ID Number?

_____ Yes _____ No If yes, provide_____

2. **Ask -** Has the facility submitted a Part A or Part B RCRA permit application? _____ Yes _____ No

_____If yes, describe_____

3. **Ask** - What are the hazardous wastes that the facility is generating?

_____

_____

4. **Ask -** What is the total quantity (kilograms/month) of hazardous waste generated?

_____

5. **Ask -** Has the facility classified its waste as hazardous based on test results or knowledge of process?

_____

6. Ask - Are hazardous wastes accepted from other facilities for storage, treatment, or disposal? If yes, list those facilities.

_____

_____

7. **Observe** - Are there any tanks or drums containing waste material? If yes, describe (i.e., physical condition, labels/ markings, secondary containment, spills/ leaks, open containers and approximate numbers). Indicate how long the waste has been stored in tanks or containers?

_____

8. **Observe** - Have any waste materials been dumped into pits, lagoons, etc. or placed on the ground in piles or landfills? If yes, list the waste material, approximate quantities and when and where it was dumped.

9. **Observe** - Are any waste materials being burned for energy recovery? If yes, describe the units in which burning occurs.

10. **Ask** - To see copies of manifests for the last year. Take a copy of a representative manifest for each type of waste. Don't worry about what it says, just copy it and all the attachments.

UNDERGROUND STORAGE TANKS (USTs)

1. **Ask** - Are there any underground storage tanks?
_____ Yes _____ No

2. **Ask** - Approximately how many? What are the contents? (wastes, virgin petroleum, or chemicals)

3. **Ask/Observe** - What type of leak (release) detection is used (see next page for possible methods)? Does the facility have records showing that the method is, in fact, still in use?

Tanks:

Piping:

4. **Ask/Observe** - Have tanks been upgraded for spill and overfill protection and are steel tanks provided with cathodic protection against corrosion? _____ Yes _____ No

5. **Observe** - Is there any evidence of leaks, spills, broken piping, broken fill/vent lines, or leaking pumps joints or valves? Provide location and description.

_____

_____

6. **Ask** - Have the USTs been registered with the appropriate State agency? _____ Yes _____ No If so, request a copy of the registration form.

UST CLOSURE

Closure of USTs must be performed according to regulation. If USTs are being closed, a notification of closure should be filed with the appropriate State agency 30 days prior to actual closure. Also, a site assessment should be performed.

1. **Ask/Observe** - Have any tanks been permanently closed/removed since registration form was submitted? _____ Yes _____ No

-If so, was notification of closure submitted to State?

_____ Yes _____ No

*** Methods of Release Detection for USTs:**

. Tank Tightness Testing and Inventory Control
. Automatic Tank Gauging System
. Interstitial Monitoring
. Groundwater Monitoring
. Manual Tank Gauging
. Vapor Monitoring
. Statistical Inventory Reconciliation

*** Methods of Release Detection for Piping:**

. Pressurized (P): Automatic flow restrictor; Automatic shutoff device, Continuous alarm system and Annual line testing
. Suction (S): Line testing every 3 years

*** Spill/Overfill Prevention**:

. Catchment Basins -and- .Automatic Shutoff Devices -or-
.Overfill Alarms -or-
.Ball Float Valves

WETLANDS

1. **Observe -** Are there any wet areas near the facility with wetland-type vegetation (cattails, rushes, sedges) that have been disturbed by waste disposal, excavation, or filling?

   _____

   _____

   - if yes - did facility obtain a federal Section 404 permit or any state or local permit authorizing the alteration?

     _____

   _____

_____SPILL PREVENTION, CONTAINMENT AND COUNTERMEASURE (SPCC)

1. **Ask/Observe**-Does the facility store oil above and/or below ground? _____ Yes _____ No

2. **Ask/Observe** - Does the facility store more than 660 gallons in a single tank or more than 1320 gallons in a number of tanks above ground or more than 42,000 gallons below ground? _____ Yes _____ No

   If yes, describe:

   _____

   _____

3. **Ask/Observe** - Does the facility have an SPCC (Spill prevention, Containment and Countermeasure) plan on hand? _____ Yes _____ No

4. **Ask/Observe** - Does the facility have a certified (engineers seal affixed) plan? _____ Yes _____ No

   If yes, was it signed by a registered professional engineer? _____ Yes _____ No

When was it last updated? _____

5. **Ask** - Has there been any major changes to oil storage at the facility since the last modification of the plan?
_____ Yes _____ No
If yes, describe:

_____

_____

6. **Observe** - What type of secondary containment is used at the facility? Were there any deficiencies in the secondary containment (cracks, breaks, dikes left open)? Is it adequate to contain the entire contents of the largest tank?

_____

_____

7. **Ask** - Has the facility been identified, either through a self-selection process or by determination of the Regional Administrator, as one that could cause substantial harm to the environment (some criteria that apply are total storage capacity ≥42,000 gal and performs overwater oil transfers to or from vessels or total storage capacity ≥1,000,000 gal and inadequate secondary containment for ASTs or reportable spills ≥10,000 gal within the past 5 years or located in an environmentally sensitive area or one where a discharge would shut down a public drinking water intake)?
_____ Yes _____ No

If yes, answer the following:

- Was a facility response plan prepared?
_____ Yes _____ No

- Was the plan approved by EPA? _____ Yes _____ No

FEDERAL INSECTICIDE, FUNGICIDE, AND RODENTICIDE ACT (FIFRA)

1. **Ask/Observe** - Does the facility manufacture or distribute any pesticides? _____ Yes _____ No

2. **Ask** - If yes, what is the establishment's EPA FIFRA registration number?

_____

3. **Ask/Observe** - Where are these materials stored?

_____

_____

4. **Ask/Observe** - Does the facility apply pesticides? _____ Yes _____ No

5. **Ask** - If yes, what is the registration number of the pesticide?

_____

AIR: STATIONARY SOURCE COMPLIANCE

1. **Observe** - Is opaque smoke being emitted from a smokestack (Dark enough not to observe anything behind the plume? _____ Yes _____ No

   - If yes - which process unit(s) is emitting the opaque smoke (be specific, i.e., Boiler No. 4, incinerator, etc.)?

     _____

_____

2. **Observe** - Describe areas where fugitive emissions (both gaseous and visible) are likely to occur (includes emissions from treatment systems, open top tanks, valves, flanges, etc.)

_____

3. **Ask/Observe** - Do any of the process units have any air pollution control equipment to control emissions?
_____ Yes _____ No

If yes, describe process/equipment:

- Is any air pollution control equipment out of service?
_____ Yes _____ No

- If yes, when will it be back on line?

4. **Ask/Observe** - Does the facility have any coating* operations?
_____ Yes _____ No

- If yes, obtain list of coatings and lb/gal VOC content. Are these water-based or solvent based coatings?

- Are emissions from coating process lines controlled?

_____ Yes _____ No

If yes, describe control devices:

5. **Ask/Observe** - Has the facility added any processes or expanded any pre-existing processes since 1980? ____ Yes ____ No

- If yes, describe any state or federal air permits obtained (operating; PSD**)?

6. **Ask/Observe** - Is there any asbestos on site?
_____ Yes _____ No

7. **Ask/Observe** - Is the facility undergoing or has the facility undergone any renovations or demolitions during the last 18 months which involve the removal or disturbance of asbestos-containing materials? _____ Yes _____ No

If yes, describe how much asbestos (square feet or linear feet) was removed, where it was located and other details:

_____

_____

8. **Ask** - If asbestos was removed was notification provided to the State and EPA? _____ Yes _____ No

* Refers strictly to paints, lacquors, varnishes and inks and not to electroplating/metal finishing processes.
** Prevention of Significant Deterioration

9. **Ask/Observe** - Does the facility handle/emit any of the National Emission Standards for Hazardous Air Pollutants (NESHAP) chemicals other than asbestos (mercury, beryllium, vinyl chloride, benzene, arsenic, radionuclides)?
_____ Yes _____ No

If yes, describe process:

_____

_____

_____

10. **Ask/Observe** - Does the facility perform any service/maintenance on any type of refrigeration equipment involving a refrigerant? _____ Yes _____ No

If yes, answer the following:

- Does the facility have an EPA certified technician?
_____ Yes _____ No

(If yes, get a copy of the certification card/certificate)

- Does the facility own and operate refrigerant recovery equipment? _____ Yes _____ No

  (If yes, get the model and serial number of the equipment)

- Does the facility have a file copy of its equipment registration that was sent to EPA? _____ Yes _____ No

- Does the facility have any refrigeration units with refrigerant charges of 50 lbs or greater? _____ Yes _____ No

- What have been the leak rates on these larger units for the last three years? _____

- Does the facility keep all maintenance records for all units of 50 lbs or greater? _____ Yes _____ No

- Are leaks above the allowable leak rate (35%/ year) repaired within 30 days, or 120 days if an industrial process shut down is required? _____ Yes _____ No

- If the leaks have been repaired, was a follow-up verification test conducted before the refrigerant was recharged into the system? _____ Yes _____ No

- If no repairs were conducted or repairs failed, was a retrofit or retirement plan prepared and available for review? _____ Yes _____ No

11. **Ask/Observe** - Does the facility own and operate a dry clean machine? _____ Yes _____ No

    If yes, answer the following:

    - Did this facility file an initial notification with EPA? _____ Yes _____ No

    - Did this facility file a pollution prevention compliance report with EPA? _____ Yes _____ No

    - Did this facility file a Control Compliance Report with EPA? _____ Yes _____ No

    - How much perc was purchased during each calender year?
      1997 _____
      1996 _____
      1995 _____

- Does the facility maintain purchasing records for these purchases of perc? _____ Yes _____ No

- Who is the facility's current perc supplier?

  Name:
  Phone Number:

- Obtain the following information for each dry cleaning machine: name of manufacturer, model #, serial #, and date installed.

- Does the facility have an O&M manual for each of its dry-cleaning machines? _____ Yes _____ No

- Does the facility maintain leak detection and repair logs? _____ Yes _____ No

- Does the facility have control equipment to control the perchloroethylene (perc) emissions? _____ Yes _____ No
  If yes, describe:

  _____

TOXIC SUBSTANCES CONTROL ACT (TSCA) - PCB

1. **Ask/Observe** - Does the facility use equipment (i.e., transformers, capacitors, hydraulic/heat transfer systems, etc.) that contains PCBs? _____ Yes _____ No

   - If yes, does the facility have analysis indicating the concentration of PCBs or is PCB status based on nameplate information?

     _____

   - Is equipment labelled (yellow labels) ____ Yes ____ No

2. **Ask/Observe** - Does the facility store PCBs on site?

   - If yes, describe storage area (including containment provisions) and its location and whether area itself and items stored there are labelled

3. **Ask** - How long were items in storage?

4. **Observe** - Is there any evidence of PCB spills or leaking PCB equipment? _____ Yes _____ No

   If yes, describe:

5. **Ask** - If facility uses PCB transformer(s) (PCB >500 ppm), have they been registered with the local fire department? _____ Yes _____ No

6. **Ask** - Does the facility prepare annual documents for its PCBs
   _____ Yes _____ No

7. **Ask** - Does the facility perform quarterly inspections of its PCB transformers? _____ Yes _____ No

TSCA CORE

1. **Ask** - Does the facility manufacture or import chemicals? _____ Yes _____ No

   If yes, answer the following question:

2. **Ask** - Are chemical substances used <u>solely</u> for foods, drugs, or pesticide purposes? _____ Yes _____ No

   If no, answer the following questions:

3. **Ask** - What are the names and Chemical Abstract Service Registration Numbers (CASRN) of the chemical substances and what are their end uses, annual production and/or imported volumes (pounds)?

4. **Ask** - Has the facility ever submitted Inventory Updating Reports (IUR) under TSCA to EPA? _____ Yes _____ No

5. **Ask** - Does the facility have a working research and development laboratory (i.e., more than a simple QC lab?) _____ Yes _____ No

6. **Ask** - Has the facility ever submitted a Pre-Manufacturing Notification (PMN) under TSCA to the EPA? ____ Yes ____ No

   If yes, describe:

NOTE: **Attached to this checklist are two copies of a TSCA Notice of Inspection and Receipt for Samples and Documents. These documents must be provided to the facility at the time of the inspection. Give one copy to the facility and retain one copy for EPA records.**

WATER

1. **Ask/Observe** - Does the facility use water in its manufacturing process? _____ Yes _____ No

   If yes, does the facility discharge process wastewater, cooling, stormwater, or any other pollutant into the receiving stream, municipal sewer system or a subsurface disposal system (e.g., septic tank, well, cesspool, drywell, etc.)? _____ Yes _____ No

   _____If yes, describe each discharge and where it goes:

2. **Ask** - Does the facility have a permit for each of these discharges? To streams: NPDES to POTW: Pre-Treatment To subsurface: Underground Injection Control
_____ Yes _____ No

3. **Ask/Observe** - Does the facility treat its wastewater prior to discharging? _____ Yes _____ No

If yes, how? (what treatment systems are employed?

_____

_____

4. **Ask/Observe** - Is the effluent from the wastewater treatment facilities clear and free of solids? _____ Yes ____ No

5. **Ask/Observe** - Does the equipment appear to be operating properly, clean and well maintained? _____ Yes _____ No

6. **Observe** - Are there any unusual odors? _____ Yes _____ No

7. **Ask/Observe** - Does the facility have floor drains in its processing or chemical storage areas? _____ Yes _____ No

If yes, what materials are likely to be spilled down the floor drains?

_____

If yes, where do the floor drains discharge (treatment facility, municipal sewer, directly to the receiving water or into the septic tank, cesspool, dry well)?

_____

_____

8. **Ask/Observe** - What is the disposal method for the wastewater sludges generated?

_____

_____

9. **Ask** - Is facility in compliance with discharge limitations?
_____ Yes _____ No

10. **Ask** - Is the drinking water supply private or public? If private, where are the wells located?

_____

_____

11. **Ask** - Is the drinking water sampled and analyzed for contaminants? _____ Yes _____ No

If yes, are the results reported to the state or EPA?

_____

_____

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA) TITLE III

1. **Ask** - Has the facility had a release of a hazardous substance in excess of reportable Superfund quantities within the last year?* _____ Yes _____ No

If yes, what was the substance and approximate quantity?

_____

Was EPA/State notified? _____ Yes _____ No

Was notification oral or written?_____

2. **Ask** - Does the facility manufacture, process, or otherwise use any toxic chemicals in a quantity greater than 10,000 lbs. per year? _____ Yes _____ No

If yes, identify them and approximate amounts manufactured, processed or used.

_____

_____

3. **Ask** - Are any of these toxic chemicals identified among those listed as Section 313 chemicals?* _____ Yes _____ No

_____

_____

4. **Ask** - Has the facility submitted any toxic chemical release forms (Form R) to EPA?

5. **Ask** - Does the facility have a threshold planning quantity of any substance (minimum of 10,000 lbs. of a hazardous substance and/or a minimum of 500 lbs. of an extremely hazardous substance)* that requires submission of a materials safety data sheet (MSDS) to the State Emergency Response Commission (SERC) and/or the Local Emergency Planning Committee (LEPC)?

_____ Yes _____ No

If yes, has the facility submitted any hazardous chemical inventory forms (Tier II) to the State Emergency Response Commission and/or Local Emergency Planning Committee?

_____ Yes _____ No

6. **Ask** - Are the MSDS sheets on site? ____ Yes ____ No

* The chemicals subject to these requirements can be found in EPA publication number 560/4-92-011, January 1992, "Title III, List of Lists".

ENVIRONMENTAL ASSESSMENT

1. Is there any evidence of environmental impacts that haven't been addressed? Possible examples include:

- additional evidence of spills, leaks
- vegetation damage in the surrounding area
- odors in the surrounding neighborhood
- neighborhood covered with "dusts"
- poor water quality in streams near the facility
- dead fish or other wildlife noted

2. Were there situations of possible excessive occupational exposures that should be referred to OSHA?

_____

_____

3. Has facility employed any pollution prevention techniques?

_____ Yes _____ No

If yes, describe: _____

_____

4. Is facility located in residential area? _____ Yes _____ No

If yes, does area appear to be economically depressed?

_____ Yes _____ No