

## Industrial User Inspection Checklist

1. Industry Name: \_\_\_\_\_

2. Site Address(s): \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

4. Contact(1): \_\_\_\_\_

5. Title: \_\_\_\_\_

6. Telephone Number: \_\_\_\_\_

7. Contact(2): \_\_\_\_\_

8. Title: \_\_\_\_\_

9. Telephone Number: \_\_\_\_\_

Credentials presented to whom ? \_\_\_\_\_

Inspector(s)

Name

Agency

Telephone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Note: Complete sections A-E prior to onsite visit.

### A. General Information

## General Description of Processes and Products.

2a. Categorical Industry ? Yes \_\_\_\_ No \_\_\_\_

b. Category(s): \_\_\_\_\_

Subcategory(s) : \_\_\_\_\_

Regulatory New Source Date        /        /       

c. New Source ? Yes \_\_\_\_\_ No \_\_\_\_\_

#### d. List of categorical processes

e. List other operations producing wastewater.

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3. Are any alternates to effluent monitoring conducted ?  
(e.g., TTO/TOMP requirements)?

Yes \_\_\_\_ No \_\_\_\_

Describe: \_\_\_\_\_

4. Provide production rates for all processes subject to  
production based standards.

<u>Process</u>	<u>Production Rate Used for calculating Limits</u>	<u>Production Rate for Last 12 Months</u>
_____	_____	_____
_____	_____	_____

5. Any anticipated changes in processes or production rates ?

Yes \_\_\_\_ No \_\_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_

B. SHIFT INFORMATION

1.	<u>No. of Employees</u>	<u>Hours</u>	<u>Work Days</u>
Shift 1:	_____	_____	_____
Shift 2:	_____	_____	_____
Shift 3:	_____	_____	_____
Total:	_____	_____	_____

2. Is production seasonal ? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

C. WASTEWATER DISCHARGES

1. Attach a block flow diagram of manufacturing process, chemical storage area, and wastewater generated. Identify all regulated, unregulated and dilution wastewater discharges. Include sampling location, discharge flowrates and method of disposal.\* Note any changes and obtain a new diagram if necessary.

\* Disposal Method

CD - Continuous discharge to sanitary  
ND - Not discharged or disposed  
BD - Batch discharge to sanitary sewer  
HH - Hauled as hazardous waste  
OD - Other disposal - not to sanitary sewer  
HW - Hauled as nonhazardous waste

D. PRETREATMENT FACILITY

1. Pretreatment installed ? Yes \_\_\_\_ No \_\_\_\_
2. Attach a schematic of the pretreatment facility ( include all units and sludge storage )
3. Briefly describe operation.

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4. Describe sludge storage and disposal method.

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5. Describe appearance of effluent at time of inspection.

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E. CURRENT COMPLIANCE STATUS

1. Indicate compliance status with:

a. effluent limits \_\_\_\_\_

b. monitoring \_\_\_\_\_

c. reporting \_\_\_\_\_

2. Describe existing enforcement actions ( attach schedule )

\_\_\_\_\_

\_\_\_\_\_

3. What is current status of compliance with schedule ?

\_\_\_\_\_

\_\_\_\_\_

4. OTHER COMMENTS

F. SELF MONITORING

1. Does facility have sampling plan or protocol including use of 40 C.F.R. Part 136 techniques ( obtain copy )?

Yes \_\_\_\_ No \_\_\_\_

2. Is sampling location ( C.1 ) same as in control mechanism?

Yes \_\_\_\_ No \_\_\_\_

If no, explain \_\_\_\_\_

3. Is sampling location appropriate ? Yes \_\_\_\_ No \_\_\_\_

If no, explain \_\_\_\_\_

4. Are any parameters monitored by approved methods more frequently than required ?

Yes \_\_\_\_ No \_\_\_\_

If yes, are all results submitted to the Control Authority ?

Yes \_\_\_\_ No \_\_\_\_

5. Does facility resample and report within 30 days of discovering a violation ?

Yes \_\_\_\_ No \_\_\_\_

6. Are sampling records maintained on site ? Yes \_\_\_\_ No \_\_\_\_

For how long ? \_\_\_\_\_

7. a. How is flow measured ? \_\_\_\_\_

\_\_\_\_\_

- b. Is measurement location appropriate ? Yes \_\_\_\_ No \_\_\_\_

- c. Is flow measurement device calibrated ?

Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_ How often ? \_\_\_\_\_

8. Is monitoring equipment ( e.g. pH meter ) calibrated ?

Yes \_\_\_\_ No \_\_\_\_ How often ? \_\_\_\_\_

9. Is sampling and analysis done in-house or by contract ?

\_\_\_\_\_

10. Is QA/QC program for sampling and analysis adequate ?  
( obtain copy of plan if available )

Yes \_\_\_\_ No \_\_\_\_ If no, explain \_\_\_\_\_

\_\_\_\_\_

11. Describe any perceived deficiencies in the self-monitoring program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Hazardous Material Management

1. Is IU aware of RCRA regulations ? Yes \_\_\_\_ No \_\_\_\_

2. Does facility generate any hazardous waste ?

Yes \_\_\_\_ No \_\_\_\_

If yes, indicate type and method of management on site and means of disposal on a separate sheet. Describe any spillage problems or any other releases that are observed.

3. Has facility notified POTW and EPA of any hazardous waste discharges to the sewer ?

Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

H. SPILL PREVENTION

1. Does the IU have a spill prevention (SP) plan to address spills to the POTW ?

Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_ N/A \_\_\_\_

2. Does the facility have spill notification procedures posted ?

Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_ N/A \_\_\_\_

3a.

Has the facility had any spills or been responsible for slug loads ?

Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_ N/A \_\_\_\_

3b.

If yes, was POTW notified ?

Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_ N/A \_\_\_\_

4. Did the IU follow procedures outlined in the spill plan at the time of spills ?

Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_ N/A \_\_\_\_

5. Were procedures effective in containing spill ?



Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_ N/A \_\_\_\_

6. Is the facility keeping records of spill events ?

Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_ N/A \_\_\_\_

7. Have there been any changes in spill procedures recently ?

Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_ N/A \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. General Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(i.e. perceive deficiencies/violations/discrepancies)

I. FILE REVIEW (indicate Y (in file) or N (not in file) )

1. Current IU control mechanism ? \_\_\_\_\_

2. Notices and correspondence with control authority  
including:

a. Self monitoring report transmittals ? \_\_\_\_\_

b. BMR if required ? \_\_\_\_\_

c. Other ? \_\_\_\_\_

3. Do sampling records include:

a. Date of sampling event ? \_\_\_\_\_

b. Time of sampling event ? \_\_\_\_\_

c. Name of sampling person and affiliation ? \_\_\_\_\_

- d. Sample collection method ? \_\_\_\_\_
- e. Method of sample preservation ? \_\_\_\_\_
- f. Description of sample location ? \_\_\_\_\_
- g. Name of person conducting analysis ? \_\_\_\_\_
- h. Date of analysis ? \_\_\_\_\_
- i. Time of analysis ? \_\_\_\_\_
- j. Sample analyses method ? \_\_\_\_\_
- 4. Is type of sample as specified in control mechanism ? \_\_\_\_\_
- 5. Are all parameters monitored at the required frequency ? Note any discrepancies in section K. \_\_\_\_\_
- 6. Analytical results ? \_\_\_\_\_
- 7a. Are all monitoring results sent to the Control Authority ? \_\_\_\_\_
- b. Copies to POTW ? \_\_\_\_\_
- 8. Appropriate production records for production based standards ? \_\_\_\_\_
- 9. Documentation of flow rates and volumes ? \_\_\_\_\_
- 10. Are records maintained at least 3 years ? \_\_\_\_\_

J. SAMPLING

1. Were samples taken ? Yes \_\_\_\_ No \_\_\_\_

If yes, attach sample results.

2. Describe sampling location, method & time.

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K. OTHER COMMENTS

Note any entry or other problems.

