



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



RCRA (HAZARDOUS WASTE) INSPECTION REPORT
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Name(s) of inspector(s):

Date(s) of inspection:

Complaint Number:

Previous RCRA inspection:

Active RCRA Enforcement:

SITE INFORMATION

EPA ID Number:

Site Name:

Street Address:

Mailing Address:

Contact Name(s) and Title(s):

Contact Phone Number: Date established at present location:

Property owned/leased: Previous occupants of site:

STATUS (actual-operating)

- Conditionally Exempt Small Quantity Generator (<100 kg/mo)
Small Quantity Generator (100 - 1000 kg/mo)
Large Quantity Generator (> 1000 kg/mo)
Large Quantity Handler Universal Waste
Small Quantity Handler Universal Waste
Episodic Generator
Transporter
Other:

Notified as: N/A

Any discrepancies between notification and actual operation: Yes No (describe):

If yes, has a status change been requested: Yes No

Comments (e.g., type of change requested):

TYPE(S) OF WASTE HANDLED

- Ignitables (D001)
- Corrosives (D002)
- Reactives (D003)
- TCLP (D004 – D043)
- Universal Wastes, types: _____
- Other: _____
- F or K listed wastes
- P or U listed wastes
- Precious metals
- Hazardous scrap metal
- Used Oil
- CT regulated waste
- Unknown waste

HANDLING METHOD (actual)

- Containers
- Wastewater treatment system
- Other (describe): _____
- Comments: _____
- _____
- Tanks – aboveground
- Tanks – underground

SITE DESCRIPTION

- Proximity to residential areas/surface water/recharge zone: _____
- Water supply (if wells, give approximate location): _____
- Types of water/waste discharges: _____
- _____
- Evidence of on-site disposal: Yes _____ No (if yes, give specifics): _____
- _____
- Groundwater monitoring wells on-site Yes No Groundwater classification: _____
- If yes, briefly describe why installed and any information available: _____
- _____
- _____
- _____
- Comments: _____
- _____

SITE ACTIVITIES

Type of activity: _____

Number of employees/shifts _____

Products: _____

Process description:

Sample

Not for official use

WASTE PROFILE

WASTE STREAM	EPA WASTE CODE(S)	ESTIMATED GENERATION RATE	HANDLING METHOD	TRANSPORTER	TSD FACILITY

Is there less than 1,000 kg. of non-acute hazardous waste on-site: Yes No

Is there less than 1 kg. of acute hazardous waste/100 kg. of acute hazardous waste-related debris on-site: Yes No

Comments: _____

40 CFR 261.5

HAZARDOUS WASTE DETERMINATION (GHW)

22a 449(c)-101(b)

Has hazardous waste determinations been performed on all waste streams: Yes No (describe) _____

Has the determination(s) been updated at least once during each twelve month period or whenever a process generating a waste changes: Yes No _____

Are determinations maintained on-site for 3 years after shipment: Yes No

If the determination has been performed by using knowledge of the waste's hazardous characteristics, materials involved and process knowledge, is the generator able to **clearly demonstrate** how the knowledge was applied in making the determination: Yes No (explain): _____

Comments: _____

USED OIL--GENERATOR REQUIREMENTS

Does the facility generate used oil at this site: Yes No

Does the facility generate used oil at other sites in CT: Yes No (if yes, list other sites in "Additional Comments" section)

Is the generator's used oil mixed with other waste(s): Yes No

If yes, what type of waste is it mixed with: Listed Characteristic Non-hazardous waste

If mixture is with characteristic hazardous waste, is the combined waste tested for characteristics: Yes No

Explain: _____

Has the total halogen content of the used oil been determined: Yes No

Was the total halogen content determined by Testing or Generator knowledge

Does the generator retain documentation demonstrating the halogen content for at least three years: Yes No

Are the total halogens: less than 1,000 ppm, greater than 1,000 ppm

If the total halogens are greater than 1,000 ppm, did the generator:

Manage as a hazardous waste, or adequately rebut the presumption of mixing with hazardous waste

Explain: _____

Is used oil accumulated on-site in: Container(s) Aboveground tank(s) Underground tank(s)

Describe type method and storage: _____

Are containers and tanks in good condition and not leaking: Yes No

Are tank(s) and/or container(s) marked with the words "Used Oil": Yes No

For each container or above-ground tank storing greater than 55 gallons of used oil:

Stored on an impervious surface: Yes No

Stored within an enclosed building: Yes No

If not stored within an enclosed building, has adequate secondary containment been provided: Yes No

Comments: _____

Are all underground tanks for used oil registered with DEP's UST Program: Yes No

Does the facility store more than 1320 gallons of oil or other petroleum products in above-ground tanks, process equipment, or containers that are over 55 gallons in size: Yes No

If yes, does the facility have an SPCC plan: Yes No

Has the facility had any known releases of used oil: Yes No

If yes, did the generator: Report the spill to DEP, and Comply with "response to release" requirements

Explain: _____

Does the generator ship used oil via transporters that are permitted and that have notified EPA: Yes No

If no, Explain: _____

List off-site destination(s) for used oil generated at this site: _____.

40 CFR 261.5

TRANSPORTATION REQUIREMENTS

22a-449(c)-101(b); 22a-454

Was hazardous waste transported to a permitted TSDf using one of the company's vehicle: Yes No

Was hazardous waste transported by a transporter having an EPA identification number and a valid transporter permit issued by the commissioner: Yes No

Was non-hazardous waste (Connecticut Regulated Waste) with waste code designation(s) CR01, CR02, CR03 or CR04 transported by a transporter holding a current valid transporter permit under CGS 22a-454:

Yes No

Comments: _____.

_____.

_____.

_____.

WASTE MINIMIZATION PROGRAM

Is a program in place: Yes No (if written program, obtain a copy)

If yes, briefly describe the elements of the program and identify waste types and any reduction achieved:

_____.

_____.

_____.

If no, did the inspector recommend that the company:

Assess their processes and waste streams for potential reductions in waste quantities: Yes No

Assess their raw materials for less hazardous alternatives: Yes No

Assess their water usage for potential reductions: Yes No

Assess their energy usage for better efficiency: Yes No

Evaluate the potential for closed loop processes: Yes No

Comments: (Identify specific areas for further assessments: _____.

_____.

_____.

_____.

COMMENTS ON OTHER ISSUES

Comments on other issues (i.e., container management, manifests, inspections, training, preparedness and prevention, etc.): _____

PHOTOS TAKEN

(number, location and brief description or attach photocopy of lab invoice and chain of custody log)

SAMPLES TAKEN

EXIT MEETING

Closing meeting held at conclusion of inspection: ___ Yes ___ No

List attendees and their titles: _____

Areas reviewed: _____

INSPECTOR: _____ **DATE:** _____