

INSPECTOR'S MULTI-MEDIA SCREENING CHECKLIST

Revised: June 1999

Facility Name: _____

Address: _____

ID No.: _____

Contact: _____ Phone: _____

Inspector: _____ Phone: _____ Div./Br.: _____

Date of Inspection: _____ Referred by LAN to : _____ Date
of Referral: _____ [LAN copy to C. Zafonte, MM Coordinator, for tracking.]

Referee is requested to provide an initial response within 3 weeks of the referral.

GENERAL GUIDANCE

VISUAL CUES OF POSSIBLE NON-COMPLIANCE WARRANTING INQUIRY

- Sloppy housekeeping or poor maintenance in work and storage areas or laboratories.
- Stains or discoloration of soil, concrete, or floors in work areas.
- Distressed vegetation - unhealthy, discolored, or dead.
- Dark smoke or dust clouds, or smoke coming from other than a smoke stack.
- Unusual odors or strong chemical smells.
- Sheen on surface waters.

CHECK IT OUT!

- o ... if you see or hear something suspicious during an inspection. Ask probing questions:
 - What is it? Is it a waste product?
 - What process produced it?
 - Has it been tested?
 - Where do you normally dispose of it?
 - Do you have a permit for the disposal?
 - How long has the circumstance existed?
 - When did it begin?
- o Pay attention to the situation, and take photographs.
 - Note the location and the amount of pollutant that appears to be involved.
 - Take notes describing the situation, the source of the pollutant and its emission point.

REPORTING POSSIBLE NON-COMPLIANCE

Throughout this checklist, there are YES/NO questions to be circled. If you circle a field marked with an asterisk (*), you should promptly refer the matter to the Region II office for that program. After you return from your inspection, immediately let your supervisor know that you observed possible non-compliance in another program area during your inspection. The information should then be referred to

the appropriate contact listed on page 2.

N.B.: YES or NO options that are in **BOLD** lead to follow-up questions.

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AIR (incl. CFCs, but not Asbestos):	Karl Mangels 212-637-4078	3
-Asbestos (AHERA & NESHAP):	Robert Fitzpatrick -4042	
CEPD/ESB:	Carlos O'Neill 787-729-6951(x230)	-
EMB:	Victor Trinidad x226	-
EPCRA Toxic Release Inventory:	Dan Kraft 732-321-6669	4
- All other EPCRA:	Nora Lopez 732-906-6890 John Higgins -6194	4
Federal Facilities:	John Gorman 212-637-4008 Jeanette Dadusc -3492	-
FIFRA:	Adrian Enache 732-321-6769	5
NPDES/Storm Water:	Ari Harris 212-637-3763	6
Oceans:	Doug Pabst -3797	-
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Remedial Actions in NJ:	Carole Petersen -4418	-
NY & Caribbean:	John Lapadula -4262	-
Removal Actions:	Richard Salkie 732-321-6658 Bruce Sprague -6656	-
SPCC/FRP:	Doug Kodama 732-906-6905	9
TSCA:	Dan Kraft 732-321-6669	10
PCBs	Dave Greenlaw 732-906-6817	
Chemicals	Mike Bious 732-906-6892	
UIC/UST:	John Kushwara 212-637-4232	6/11
Wetlands:	Daniel Montella -3801	11
<u>Criminal Investigations Division</u> -	William V. Lometti -3634	11

Air

1. With the sun in a 140E arc BEHIND you, is opaque smoke is being emitted? **YES*** NO

Note: "Opaque smoke" is not steam -- will obscure anything behind it for >5 minutes. Steam dissipates at a given point; smoke trails off.

Note relative positions of the sun, the observer and the emission point.

If YES:

S Note color of smoke: _____ .

S From which specific process line is smoke coming? (e.g., "Boiler No. 4" or "Coating Line C"). _____.

S What is the cause of the smoke emission? e.g., –

i. Is air pollution control equipment out of service, or turned off during production? **YES** NO
If YES: When will it be back on line? _____

ii. Is the facility under an unusual load, using different fuels, or process feeds? YES NO

2. Have any processes been added or changed in any way in the last 2 years? **YES** NO
If YES: Did the facility obtain state or federal air pollution permits for it? YES NO*

3. Has the facility undergone any renovation or demolition during the last 18 months, involving removal or disturbance of asbestos-containing materials? YES NO

Approximate square or linear feet of materials involved? _____.

If >260 linear feet, or 160 square feet, **REFER** to Air Compliance Branch; **and Ask:** was EPA notified of removal? YES NO*

4. Do facility employees maintain, service, repair, or dispose of air conditioning/ refrigeration equipment involving CFC refrigerant? **YES** NO

If YES: Does facility have Recovery/Recycle or Recovery only equipment? YES NO*

Emergency Planning and Community Right-to-know Act (EPCRA)

EPCRA Hotline Information: 800-535-0202

Toxic Release Inventory (TRI) For manufacturing facilities, ask 1-2:

1. Does the facility have 10 or more full-time employees? **YES** NO

If "NO", skip to **All Other EPCRA**.

2. Is the facility classified under SIC codes 20-39? **YES** NO

If the answers to **both** Questions 1. and 2. are **YES**, ask :

3a. Did the facility use >10,000 lb. of a chemical during any of the past 5 calendar years? **YES** NO

If a. is **YES**, ask:

b. Did the facility file a §313 Toxic Chemical Release Inventory Form R for the chemical? YES NO*

If the answer to Q1 is YES, but the answer to Q2 is NO, continue with Q4.

4. Is the facility classified under any of the following sectors (SIC codes outside 20-39)?

YES	NO	Type of facility	YES	NO	Type of facility
_____	_____	commercial hazardous waste treatment	_____	_____	petroleum bulk terminals
_____	_____	metal mining,	_____	_____	chemical wholesale
_____	_____	coal mining	_____	_____	solvent recovery services.
_____	_____	electric utilities			

5. Did the facility use >10,000 lb. of a chemical during 1998 or later calendar years? **YES NO**

N.B.: "Use" includes treatment, stabilization or disposal of a waste received from off-site for waste processing.

If Q5 is answered YES before July 1999, refer to compliance assistance at 732-321-6759.

---- after July 1999, ask:

Did the facility file a §313 Toxic Chemical Release Inventory Form R for the chemical? **YES NO***

All Other EPCRA:

C Is there on-site any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities (which vary by chemical, and range from 1 to 5000 lb.)? **YES NO**
If YES: Were the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of these chemicals for local planning purposes? **YES NO***

C Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity (assume 1 lb.)? **YES* NO**
If YES: Was notification of the release provided? **YES NO***
If YES: i. To whom was the notification given? _____
 ii. Was notification oral or written? _____
 iii. If oral, was a written, follow-up report submitted? **YES NO***
 [If the facility does not know the answers to any of i, ii, or iii questions, *REFER*.]

C Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? **YES NO***

C If the facility has >10,000 lb of any hazardous chemicals, or Extremely Hazardous Substances >threshold planning quantities, have MSDS (or a list of MSDS), and chemical inventory forms been given to state and local emergency planning authorities and the local fire department? **YES NO***

Federal Insecticide, Fungicide and Rodenticide Act (FIFRA)

N.B.: If you answer NO to the 1st question in any of the following 4 sections, skip that section & go to the next section.

1. If inspecting a manufacturing facility, ask:

A. Are any pesticides manufactured, relabeled, or repackaged at this establishment? **YES NO**
Pesticide is any substance or mixture intended (1) to prevent, destroy, repel, or mitigate any pest, or (2) for use as a plant regulator, defoliant, or desiccant.

B. If A. is YES, does the establishment have an EPA Establishment Number? **YES NO***
All production, relabeling and/or repackaging must be registered with EPA.)

C. If **B. is Yes**, enter the Establishment Number: _____ and continue:

D. Has the company filed the Annual Pesticide Production Report form? **YES NO***
(due March 2 of each year for the previous calendar year's production.)

2. If inspecting a storage-distribution facility or a retail facility, ask:

A. Are any pesticides being held for sale/distribution, or stored at this facility (warehouse)? **YES NO**

B. If **A. is YES**, are restricted-use pesticides stored, or held for distribution/sale at this facility? **YES* NO**

C. Are any containers leaking? **YES* NO**

D. Are pesticides stored next to acid, caustic and/or oxidizing materials? **YES* NO**

3. If pesticides may not have been properly used, observe and record any effects such as human adverse reaction(s), dead fish, birds, or wildlife, plant damage, etc, and ask:

A. Have pesticides been applied by an employee or by a pesticide application company? **YES* NO**

B. If **A. is YES**, ask for:

- Date of application,
- Name of pesticide applied,
- Name of pesticide applicator company, or facility person who made the application,
- Address and/or phone number of pesticide applicator company (if applicable),
- Type of health complaints from employee (if applicable),
- Contact person for follow-up.

4. If inspecting a public housing, educational, or day care facility, farm market, flea market, spa or health facility, beauty parlor, or private housing, are pesticides sold there? YES* NO

A. If **4. is YES**, are the pesticides registered for agricultural use (see label) **YES* NO**

If you suspect, or are unsure if the pesticides are registered for agricultural use, ***Refer***.

B. If **A. is YES**, ask for:

- Name and identity (e.g farmers, homeowners, pesticide applicators, etc.) of the buyers,
- Address and telephone number of the buyers,
- Name(s) of pesticide purchased,
- EPA Registration Number (EPA Reg. No.) of pesticide(s) purchased.

C. Are pesticides sold in unlabeled containers or with hand-written labels. **YES* NO**

Note: If you suspect, but are unsure, that pesticides are being sold in unlabeled containers, or with hand-written labels, *REFER* this.

NPDES, Pretreatment & UIC

1. Does the facility generate industrial wastes/wastewater (IW), sanitary wastewater (WW) and/or storm water (SW) and dispose of any of it as follows (**Circle as applicable**):

a. To a receiving stream/surface water body (or onto ground near enough to impact one)?..... **IW WW SW**

b. To a sanitary sewer system that discharges to a municipal treatment plant (POTW)?..... **IW WW SW**

- c. To a storm water sewer system?..... IW* WW* SW
- d. To a subsurface disposal system (septic system, drywell, cesspool, sinkhole)?..... IW* WW SW
- e. Is any of it trucked off site?..... IW WW SW
- f. Onto ground surface (e.g. spray, discharge pipe, open trench) IW WW SW

Identify the water bodies and/or sewer system: _____.

- 2a. Are there floor drains, sinks (not in bathrooms), or storm water collection structures:
 - where raw materials, products, wastes or wastewaters are generated, stored or transported &/or
 - that are possibly receiving wastes due to poor housekeeping, etc.?
 YES NO

- b. **If yes to a**, is there fluid in the drain/structure? YES NO
- c. **If yes to a**, is there evidence that contaminants entered drain/structure? YES* NO
(e.g., discolored or smelly fluid; stained drain or floor nearby)

d. **Ask** what types of fluids enter drains/structures: _____

e. **Ask** where each drain discharges to and indicate in question 1.

- 3a. Has the facility applied for a permit for each discharge noted in questions 1 and 2? YES NO*
If permitted, ask for permit numbers _____

b. If you answered yes to question 1a or 1c for storm water, but the facility does not have a storm water discharge permit, ask why (facility may not be subject to stormwater requirements):

c. If you answered question 3b, ask what SIC code(s) describe all the facility's activities¹:

- 4 a. Does the facility treat wastewater before discharge? YES NO
- b. How is it treated? _____

* **Refer this to water program (to WCB, if the site is in NY or NJ; to CEPD's ESB, if in PR or VI).**

Public Water Supply

- 1. **Observe/Ask:** Does the facility have its own potable water supply? YES NO
- 2. **If YES**, does the facility provide potable water for 25 or more persons? YES NO
- 3. **If YES**, is the water analyzed for contaminants & results reported to the state? YES NO*

¹ If the first 2 digits of any facility SIC code are 10-14, 20-45 or 51, or if facility is a landfill/land application site, recycler, hazardous waste TSD, or steam electric power generator, or if there are construction activities covering >5 acres, refer this to the water program (WCB, if the site is in NY or NJ; CEPD's ESB, if in PR or VI).

*** Refer this to water program (to WCB, if the site is in NY or NJ; to CEPD's EMB, if in PR or VI).**

Radiation

- | | |
|--|---------|
| 1. Are radioactive materials used or stored at this facility? | YES NO |
| 2. If YES , does the facility have a state or federal radiation license for them? | YES NO* |

Resource Conservation & Recovery Act (RCRA)

If the facility has a RCRA permit or "interim status" as a treatment, storage or disposal facility (TSDF), **DO NOT** answer the rest of the RCRA questions, but enter the facility's EPA ID #: _____.

If the facility does not have this ID number, ask:

- | | |
|---|---------|
| 1.A. Has the facility determined that it generates hazardous waste?
If YES , ask how the determination was made: _____.
If NO , skip Questions 2 to 8 and go to Question 9. If YES , continue: | YES NO |
| B. If the facility generates or transports hazardous waste, ask for its EPA ID No.? _____.
If the facility cannot produce an ID Number, *REFER* .] | |
| 2.A. Are there containers or tanks that hold hazardous waste?
If NO , go to Question # 3. If YES , continue: | YES NO |
| B. Are the containers and/or tanks clearly marked with the words "Hazardous Waste," and are they marked with the accumulation start date? | YES NO* |
| C. Do hazardous waste storage tanks have secondary containment (berm, vault, double walls)? | YES NO* |
| D. Does the facility store hazardous waste in containers or tanks for >90 days? | YES* NO |
| 3. Does the facility store, treat or dispose of hazardous waste in lagoons, pits, piles or landfills? | YES* NO |
| 4. Does the facility treat hazardous waste by incineration, precipitation, neutralization, or other means to change the physical or chemical nature of the waste? | YES* NO |
| 5. Does the facility accept hazardous waste for treatment, storage or disposal from off-site locations (including off-site facilities owned by the same company)? | YES* NO |
| 6. Does the facility maintain copies of hazardous waste manifests on-site? | YES NO* |
| 7. Do hazardous waste storage or treatment units (e.g., containers or tanks) appear to be poorly maintained and may release hazardous waste to the environment? | YES* NO |
| 8. Do chemicals or wastes appear to have been discharged to the environment through improper handling, leaks, spills, dumping or other discharges? | YES* NO |
| 9.A. Does the facility generate non-hazardous process wastes, excl. office paper, cafeteria wastes, etc?
If NO , go to Question # 10. If YES , continue: | YES NO |
| B. Does the facility handle process wastes, such as treatment sludges, ash, solvents, waste oils, | YES* NO |

spent catalysts, acids or bases?

If yes, please briefly describe the process(es) that generate these wastes .

10. Does material handling at the facility appear to pose, or actually pose, a significant threat to human health or the environment? YES* NO

Spill Prevention, Control & Countermeasure (SPCC)

1. A. Does the facility store oil, whether petroleum, vegetable or transformer oil? YES NO
- B. **If YES**, does the storage capacity exceed: 660 gallons in any one above-ground tank? YES* NO
- 1320 gallons in all above-ground tanks? YES* NO
- 42,000 gallons in underground tank(s)? YES* NO
2. If the answer to any part of #1. B. was **YES**, did the facility show you a copy, or have available a Spill Prevention, Control, and Countermeasure (SPCC) Plan? YES NO*
3. Did the facility have an oil spill within the last 12 months? YES* NO

Facility Response Plan (FRP)

1. Does the facility have an above-ground oil storage capacity \$42,000 gallons and conduct operations that include over-water transfers of oil to or from vessels? YES* NO
2. Does the facility have oil storage capacity \$one million gallons? YES* NO
3. Did the facility submit a Facility Response Plan to the EPA? YES NO

Toxic Substances Control Act (TSCA)

Polychlorinated Biphenyls (PCBs)

SAFETY WARNING: Stay ten feet from any high voltage conductors.

1. Is there liquid-filled electrical equipment (transformers, capacitors) manufactured before 1980? YES NO
 (Exclude equipment with <3 lb (1 quart) of fluid.
Only include utility-owned equipment, when inspecting the utility.)

A. If **Yes**, how many of the above are transformers containing: _____*
<500 ppm but \$50 ppm? _____*
fluid of unknown PCB concentration? _____*

B. If **Yes**, how many of the above are capacitors? _____*

2. Are there hydraulic systems manufactured before 1980 that use/used high temperature fluid? **YES NO**
- A. If **Yes**, has each system been tested for PCBs? **YES NO***
- B. Do any currently have PCB concentrations ≤ 50 ppm? **YES* NO**
3. Does the facility have any oil-filled heat transfer systems manufactured before 1980? **YES NO**
- A. If **Yes**, has each system been tested for PCBs? **YES NO***
- B. Do any currently have PCB concentrations >50 ppm? **YES* NO**
4. Does the facility have PCB waste stored for disposal? **YES* NO**

OBSERVE PCB Items (transformers, capacitors, containers)

! Are any **leaking**? **YES* NO**

! Do all (except transformers <500 ppm) have a **PCB Mark M_L** ? **YES NO***

OBSERVE PCB Waste: In addition to the PCB Mark M_L , is PCB waste in storage for disposal marked with the **date removed from service**? **YES NO***

Is **PCB waste currently stored** for more than 30 days in any area? **YES NO**

If **Yes**, does the area have a roof and walls to keep out rain? **YES NO***

a 6"-high impervious containment berm? **YES NO***

a PCB Mark M_L for the area? **YES NO***

a location not in a 100-year flood plain? **YES NO***

General Chemical Regulations: Does the facility manufacture, or import into the United States, any chemicals for which they are the sole manufacturer/importer? **YES NO**

If **YES**, do they know that these chemicals are on the TSCA chemical inventory? **YES NO***

Underground Storage Tanks (USTs)

Does any UST have $>10\%$ volume underground **and** contain petroleum products or CERCLA hazardous substances? **YES NO**

Do all USTs store fuel oil for on-site heating? **YES NO**

If YES, the facility is exempt. Do not complete the rest of the UST questions.

Name the petroleum product or hazardous substance in each UST. _____

Is there evidence of UST leakage/spillage? **YES* NO**

*** Refer facility to the Water Compliance Branch.**

Wetlands

1. A. Are wet areas (marshes, swamps, bogs) on or adjacent to the site?
(A federal wetland need not have standing water or wetland-type vegetation;
some wetlands have shrubs and trees.) YES NO
- B. Are there any waterbodies or waterways on or adjacent to the site? YES NO
2. If # 1. A **OR** B is **YES**, is any clearing, filling, dredging, ditching, construction, etc.
being conducted on or over the areas, **or** is there any evidence that such activities
occurred very recently? YES NO
3. If **YES**, when was the work undertaken? _____.
Does the facility have any permits for this work? YES NO*
4. **If YES**, what agency(s) issued the permits? _____.
e.g., U.S. Army Corps of Engineers; State environmental agency.
For federal permits, what type of permits are they (i.e., nationwide, regional, individual)?
_____.

If facility is unable to provide adequate response to # 4, ***REFER***.

CRIMINAL ACTS

During the course of this inspection, has anything been brought to your attention indicating:

1. That the facility is involved in deliberate acts of dumping or discharging wastes YES* NO
2. Bad intent or conduct? e.g., falsification of records or efforts to conceal activities? YES* NO
3. Actual harm to individuals as a result of violations? YES* NO
4. Other activity or behavior that you believe indicates criminal behavior? YES* NO

*** Refer to Criminal Investigation Division, if you checked YES.**