



# Indiana Department of Environmental Management



## Multimedia Screening Checklist for Air, Water, Industrial Waste, Underground Storage Tanks and Toxic Release Inventory

Final 8/28/00

Please Print Legibly or Type

SECTION 1. GENERAL INFORMATION		
Facility Name		Facility Contact
Address		Phone
City	Zip	County
SIC Codes for Facility (Primary and Others)		
Description of Major Processes and Estimated Production		
Facility Contact Interviewed		
Name	Position	
Date of Inspection	Inspector Name(s)	Inspector Office
Certified Stack Reader <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 2. AIR OBSERVATIONS	
<input type="checkbox"/> Observations for this section of MM screening checklist completed. <input type="checkbox"/> This section of MM screening checklist not completed. <input type="checkbox"/> Refer to regular single-media inspection report or inspection summary letter.	
<b>1. Does the facility have an air permit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: A) Permit Type: Choose One <b>Other:</b> B) Permit #(s), including amendments and modification #(s):	
<b>2. Were any visible emissions (except steam) from any stack or vent observed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: A) Process (boiler, paint booth, grinders, etc.):  <i>Boiler: emissions darker than light gray (approximately 20% opacity) indicate potential problem with the operation. Start-up/shutdown exempted.</i> <i>Spray booth stacks: generally there should be no visible emissions.</i>  B) Control device (baghouse, scrubber, etc.) or lack of control:  C) Description of emissions (color, duration, constant vs. intermittent, time of day):	
IF YOU ARE A CERTIFIED STACK READER, ATTACH VISIBLE EMISSIONS (VE) READINGS. IF VE READINGS NOT TAKEN, SPECIFY VE SOURCE AND PROVIDE ESTIMATION OF OPACITY.	

**SECTION 2. AIR OBSERVATIONS CONTINUED**

3. Was any dust (not from a stack) observed being generated?  Yes  No  
If YES, specify:  
A) Location: (in-plant roads, doors, windows, roof openings, coal piles, waste storage areas, etc.):  
B) Activity: (vehicle traffic, vehicle dumping, leaks in duct work or storage bins, wind generated, etc.):  
C) Was the dust visible crossing the property line (excluding steam)?  Yes  No  
If YES, at ground level?  Yes  No  
Describe:

4. Was any evidence of open burning observed?  Yes  No  
If YES, TAKE PHOTOGRAPH and specify:  
A) Location:  
B) Type of material (tree limbs, plastic, rubber, office paper, rags/wipes, coal pile, etc.):  
C) Does the facility have a written variance to burn from OAM (e.g., fire training)?  Yes  No

5. Was any asbestos removal or demolition activity observed (removal of load supporting structure)?  Yes  No  
If YES, specify location within the facility:

6) For wood furniture facilities:  
A) Were observed solvent containers closed when not in use?  Yes  No  
B) Are filters securely in place when spray booth is in operation?  Yes  No

7) Does this company chrome electroplate or anodize?  Yes  No  
If YES, specify:  
A) Number of hard chrome tanks:  
B) Number of decorative chrome tanks:  
C) Number of chrome anodizing tanks:

### SECTION 3. WASTEWATER OBSERVATIONS

- Observations for this section of MM screening checklist completed.
- This section of MM screening checklist not completed.
- Refer to regular single-media inspection report or inspection summary letter.

1. Does the facility have a water permit?  Yes  No

If YES, specify:

A) Permit Type: Choose One

B) Permit #:

C) Expiration Date:

2. Are any industrial process wastewaters being generated at this facility?  Yes  No

If YES, specify:

A) Description of wastewaters:

B) Disposition of wastewaters:

Process: Treated?  Yes  No If YES, specify:

i. Type of treatment:

ii. Discharge location: Surface water?  Yes  No

If Yes, name of water:

Municipal sewer system?  Yes  No

Non-process: Non-contact cooling water:  Yes  No If YES, specify:

i. Recycled  Yes  No ii. Discharged  Yes  No

iii. Wastes stored/hailed off-site?  Yes  No

3. Was any indication observed that process materials such as cleaners, solvents, paints, lubricants, etc. are escaping through floor drains?  Yes  No

If YES, specify:

A) Description of materials:

B) Specify where floor drain leads:

Treated/discharged to receiving stream. Name of receiving stream:

Municipal collection system (sanitary, combined or storm):

Recycled/returned flow:

Stored/hailed off-site:

Other (explain):

Undetermined (explain):

### SECTION 4. STORM WATER OBSERVATIONS

- Observations for this section of MM screening checklist completed.
- This section of MM screening checklist not completed.
- Refer to regular single-media inspection report or inspection summary letter.

1. Do the facility's SIC codes require application for Rule 6 permit coverage pursuant to 327 IAC 15-6 (Storm Water Associated With Industrial Activity)?  Yes  No

If YES, specify:

A) Has the facility applied for Rule 6 permit coverage?  Yes  No

B) Has the facility prepared and fully implemented a Storm Water Pollution Prevention Plan pursuant to Rule 6?  Yes  No

2. Does the facility have any ongoing or proposed land disturbing activities greater than five (5) acres?  Yes  No

If YES, specify:

A) Has the facility applied for Rule 5 permit coverage under 327 IAC 15-5 (Storm Water Associated with Construction Activity)?  Yes  No

B) Were any signs of erosion into waters of the state from construction sites observed?  Yes  No

3. Describe the general appearance of any observed discharge of wastewater or storm water from discharge pipes.

A) Outfalls observed?  Yes  No

If YES, note any discharges with foam, oily sheen, solids and floatables, color or odor:

DOCUMENT WITH A PHOTOGRAPH

4. Does the facility have any industrial materials and/or activities exposed to storm water?  Yes  No

A) If YES, note outdoor materials and/or activities observed:

### SECTION 5. DRINKING WATER OBSERVATIONS

- Observations for this section of MM screening checklist completed.
- This section of MM screening checklist not completed.
- Refer to regular single-media inspection report or inspection summary letter.

1. Is the facility's drinking water (drinking water, showers, cafeteria, etc.) supplied by a municipal (public or private) water system?  Yes  No

A) If NO, does the facility have its own drinking water system for employees (drinking water, showers, cafeteria, etc.)?  Yes  No

Explain:

B) If answer to 1.A) is YES, is the source of the water supply surface water or ground water?

Surface Water  Ground Water

C) What is the number of employees at the facility?

D) If more than 25 employees, does the facility have a PWSID#?  Yes  No

If YES, specify PWSID#:

2. If the facility is a public water supply and has a PWSID#, is the well head on-site?  Yes  No

A) If YES, was the well head area observed?  Yes  No

B) If answer to 2.A) is YES, was the area within a 200 foot radius of the well head free of visible contamination sources?  Yes  No

C) If answer to 2.B) is NO, please describe:

DOCUMENT WITH A PHOTOGRAPH

**SECTION 6. INDUSTRIAL WASTE OBSERVATIONS**

- Observations for this section of MM screening checklist completed.
- This section of MM screening checklist not completed.
- Refer to regular single-media inspection report or inspection summary letter.

**1. EPA ID Number:**

**2. Was the accumulation of facility waste in units other than containers or tanks observed?**  Yes  No

**If YES, specify:**

**A) How the waste is accumulated:**

**B) Waste description:**

**C) Source of the waste:**

DOCUMENT WITH A PHOTOGRAPH

**3. Were any containers and/or tanks that accumulate waste observed to be in poor condition?**  Yes  No

**If YES, please indicate:**

**A) Tank or container:**

**B) How many:**

**C) Waste description:**

**D) Type of problem:**

DOCUMENT WITH A PHOTOGRAPH

**4. Was evidence observed of waste being released to the environment or disposed on-site? (Stained soil, dead vegetation, waste piles, excavations, etc.)**  Yes  No

**If YES, please indicate:**

**A) Nature of evidence:**

**B) Waste description:**

**C) Source of the waste:**

**D) Dimensions of the area:**

DOCUMENT WITH A PHOTOGRAPH

**5. Are there wastes the company cannot identify?**  Yes  No

**If YES, please explain:**

DOCUMENT WITH A PHOTOGRAPH

**SECTION 7. UNDERGROUND STORAGE TANK OBSERVATIONS**

- Observations for this section of MM screening checklist completed.
- This section of MM screening checklist not completed.
- Refer to regular single-media inspection report or inspection summary letter.

1. Are there any regulated underground storage tanks on-site?  Yes  No

If YES, please indicate:

A) How many:

B) Are they registered?  Yes  No

If YES, list facility identification number:

C) List materials stored in the USTs:

2. Have there been any UST removals (closures)?  Yes  No

If YES, when?

**SECTION 8. TOXIC RELEASE INVENTORY OBSERVATIONS**

- Observations for this section of MM screening checklist completed.
- This section of MM screening checklist not completed.
- Refer to regular single-media inspection report or inspection summary letter.

1. Does the facility submit Toxic Release Inventory Form R or Form A?  Yes  No

A) If NO, does the facility's SIC code potentially require the facility to report to TRI?  Yes  No

B) If answer to 1.A) is YES, does the facility have more than ten (10) full-time employees on an annual basis?  Yes  No

C) If answer to 1.B) If YES, does the facility manufacture, process, or use any TRI Listed Chemicals above established thresholds (i.e., 25,000 pounds/year for manufacture and process; 10,000 pounds/year for otherwise use)?  Yes  No

**ADDITIONAL COMMENTS**

**RECOMMENDATIONS FOR FOLLOW-UP**