

REGION VII MULTIMEDIA SCREENING CHECKLIST

Facility Name: _____ Inspector _____
 Facility Ownership: _____ Primary Media: _____
 Street: _____ Inspector Phone Ext.: _____
 City: _____ State: _____ Zip: _____ Date: _____
 Phone: _____ Facility Contact: _____ SIC/NAICS Code _____
 Number of Employees: _____ Work Hours/Shifts _____ Facility Subject to OSHA regulations Yes No

Main facility activity, major process chemical(s) & description: _____

(Check all that apply): painting/coating (water-based , solvent-based) , printing , reacting , formulating , distilling ,
 water treatment , refrigeration , manufacturing , parts washers/degreasing (water-based , halogenated-based ,
 non-halogenated-based) , combustion (boiler, furnaces, oxidizers) plating (chrome , other _____).

ENVIRONMENTAL JUSTICE (Note: Forward to EJ if a concern is identified during your inspection)

1. Is the facility located in an apparent low income area (e.g., with many abandoned and dilapidated properties)? No (stop) Yes
 If yes, is facility less than 1000 feet from nearest routinely occupied property (house, school, etc.)? No (stop) Yes *Forward to EJ*

EMERGENCY PLANNING & COMMUNITY RIGHT TO KNOW ACT (EPCRA) & TOXIC SUBSTANCE CONTROL ACT (TSCA)

1. Did facility file a Tier II report with fire department, Local & State Emergency Planning Committee? Yes No *Forward to EPCRA*
 2. Did facility manufacture, import, or process (formulate, blend, package) >25,000 lbs of a chemical or >100 lbs of a Persistent Bioaccumulative Toxin (lead, mercury, or polycyclic aromatic compounds) at any time over the last 5 years? No (stop) Yes *Forward to EPCRA*
 3. Has the facility: *If any box in question 3 is marked - Forward to EPCRA*
 a. Stored ≥500 lbs of ammonia , ≥100 lbs of chlorine , or ≥10,000 lbs of an industrial chemical , at any time over the last 2 years?
 b. Stored ≥10,000 lbs of pressurized flammable material (propane, methane, butane, pentane, etc.) at any time over the last 2 years?
 c. Used ≥10,000 lbs of ammonia , chlorine , halogenated solvents , solvent-based paints , or solvents , or nitrated compound, over the last calendar year?
 d. Generated ≥ one half pound of metal dusts, fumes, or metal turnings, over the last calendar year?
 4. Does the facility have any oil filled electrical equipment No (stop) Yes *Forward to TSCA and ask* Has facility tested oil filled equipment to determine PCB content; No Yes number containing PCBs greater than 50 ppm _____ and percent of all equipment tested _____. Is equipment leaking (including wet or weeping equipment)? No Yes - *Get Photo*

CLEAN WATER ACT (CWA) - National Pollution Discharge Elimination System (NPDES), Industrial Pretreatment, Storm Water, & Wetlands

1. Does the facility discharge any wastewater to storm sewers, surface water, or the land? No (stop) Yes
 If yes, are all wastewater discharges permitted? Yes No *Forward to CWA*
 2. Does the facility have process wastewaters that are discharged to a city POTW (Publicly Owned Treatment Works)? No (stop) Yes
 If yes, are the discharges permitted by: State? , City? - If yes, Stop here. No *Forward to CWA*
 If yes, does the city have a state or EPA approved pretreatment program? Yes No or Don't Know *Forward to CWA*
 3. During rainfall events, can storm water carry pollutants from manufacturing, processing, storage, disposal, shipping and receiving areas, or from construction sites >1 acre, to storm sewers or surface water? No (stop) Yes
 If yes, does the facility have an NPDES permit for these storm water discharges? Yes No *Forward to CWA*
 4. Did you see any wastewater discharges not identified by the facility? No (stop) Yes - Identify location, time, appearance of discharge: _____
 _____ *(Get Photo) Forward to CWA*
 5. Does the facility have any wetland areas (e.g. streams, ponds, or temporarily wet areas)? No (stop) Yes
 If yes, have any wetland areas been dredged, filled, channelized, dammed, or had gravel removed from them within the last 5 years?
 No (stop) Yes - Identify location and timeframe _____ *(Get Photo) FWD to Wetlands*

SAFE DRINKING WATER ACT (SDWA) - Underground Injection Control (UIC) & Public Water System (PWS)

- 1. Does facility discharge any liquids to the subsurface (septic systems, disposal wells, cesspools, etc.)? No (stop) Yes *Forward to UIC*
If yes, do these liquid wastes consist of sanitary wastewater only? Yes No
- 2. Does facility provide drinking water to 25 people or more from its own source (private well, pond, etc)? No (stop) Yes *Forward to PWS*
If yes, does the facility test or monitor its drinking water in order to comply with state regulations? Yes No

CLEAN AIR ACT (CAA) and CFCs

- 1. Do you see any dense, non-steam, smoke or dust emissions leaving the facility property? No Yes *Forward to CAA*
Source _____ (*Get Photo*)
- 2. Does the facility have any new air pollution emitting equipment that was constructed or installed in the past 5 years? No (stop) Yes
If yes, is equipment permitted? Yes No *Forward to CAA Describe:* _____
- 3. Does the facility have any cooling units that contain >50 lbs of refrigerant? No (stop) Yes *Forward to CFC*
If yes, are these units: Self-serviced? Contract Serviced? - Service Company: _____
- 4. Does the facility have a refrigeration process that contains more than 10,000 lbs of ammonia ? No (stop) Yes *Forward to EPCRA/RMP*
- 5. Does the facility service motor vehicle air conditioning systems? No (stop) Yes *Forward to CFC*

RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) and UNDERGROUND STORAGE TANKS (UST)

- 1. Does the facility generate more than 30-gallons (220 lbs./100kg) of hazardous waste per month or at any one time? No (stop) Yes
If yes, does facility have an EPA Hazardous Waste Identification Number? Yes (stop) No *Forward to RCRA*
- 2. Is hazardous waste treated , stored >90-days , burned , land filled , put in surface impoundments or waste piles ?
No (stop) Yes If yes, is the facility permitted for above described activity? Yes No *Forward to RCRA*
- 3. Did you see or does the facility have any large quantities of materials that the facility claims to be non-hazardous waste material (>10 drums, roll-offs, waste piles, etc. – exclude clean office trash, cardboard, & packaging type wastes)? No (stop) Yes

Material Claimed To Be Non-Hazardous

How does the facility know these wastes are non-hazardous?

- _____ Testing, industry or manuf. info., MSDS, etc. ; None available *Forward to RCRA*
- _____ Testing, industry or manuf. info., MSDS, etc. ; None available *Forward to RCRA*
- _____ Testing, industry or manuf. info., MSDS, etc. ; None available *Forward to RCRA*
- _____ Testing, industry or manuf. info., MSDS, etc. ; None available *Forward to RCRA*
- _____ Testing, industry or manuf. info., MSDS, etc. ; None available *Forward to RCRA*

- 4. Did you see any leaking hazardous waste containers, drums, or tanks? No Yes *Forward to RCRA*
Describe: _____ (*Get Photo*)
- 5. Did you see any signs of spills or releases (e.g., dead or stressed vegetation, stains, discoloration)? No Yes *Forward to RCRA*
Describe: _____ (*Get Photo*)
- 6. Did you see any chemical or waste handling practices that concern you (access to children/public)? No Yes *Forward to RCRA & EPCRA*
Describe: _____ (*Get Photo*)
- 7. Does the facility have any past or present underground petroleum product or hazardous material tanks? No Yes *Forward to UST*
- 8. Does the facility have any underground fuel tanks for emergency generators? No Yes *Forward to UST*

SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN (SPCC)

- 1. Does the facility have any aboveground oil tanks (petroleum, synthetic, animal, fish, vegetable), with an aggregate volume >1,320 gallons?
No (stop) Yes - Does the facility have a certified SPCC Plan? Yes No *Forward to SPCC*
If yes, are there secondary containment systems for the tanks? Yes No *Forward to SPCC*
If yes, are any tanks leaking where oil could reach waters of the State or U.S.? No Yes (*Get Photo*) *Forward to SPCC*

ENVIRONMENTAL MANAGEMENT SYSTEMS (EMS)

- 1. Does your facility have an EMS? No Yes
- 2. Is the facility's EMS ISO 14001 certified? No Yes

** PLEASE TAKE PHOTOS TO DOCUMENT POTENTIAL PROBLEMS*