



**STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION**



**RCRA (HAZARDOUS WASTE) INSPECTION REPORT
KEY INDICATORS INSPECTION**

Name of Inspector: _____
Date of Inspection: _____
Date of Previous RCRA Inspection: _____

SITE INFORMATION

EPA ID Number:	
Site Name:	
Street Address:	
Mailing Address:	Town:
Contact Name:	Title:
Phone #:	Property: <input type="checkbox"/> owned <input type="checkbox"/> leased
Date Established at this location:	Prior Occupants:

GENERATOR STATUS

NOTIFIED AS...	OPERATING AS...
<input type="checkbox"/> LQG	<input type="checkbox"/> LQG
<input type="checkbox"/> SQG	<input type="checkbox"/> SQG
<input type="checkbox"/> Other:	<input type="checkbox"/> CESQG
	<input type="checkbox"/> Other:

TYPES OF WASTE HANDLED

<input type="checkbox"/> Ignitables (D001)	<input type="checkbox"/> F or K Listed Wastes	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Corrosives (D002)	<input type="checkbox"/> P or U Listed Wastes	<input type="checkbox"/> CT Regulated Wastes
<input type="checkbox"/> Reactives (D003)	<input type="checkbox"/> Precious Metals	<input type="checkbox"/> Unknown Wastes
<input type="checkbox"/> TCLP (D004-D043)	<input type="checkbox"/> Hazardous Scrap Metals	
<input type="checkbox"/> Universal Wastes (list types):		
<input type="checkbox"/> Other:		
Does the company have a waste minimization program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Waste minimization or P2 guidance provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe information provided:		
Comments:		

HANDLING METHOD

<input type="checkbox"/> Containers	<input type="checkbox"/> Tanks – aboveground	<input type="checkbox"/> Tanks – underground
<input type="checkbox"/> Wastewater Trt Units	<input type="checkbox"/> Drip Pads	<input type="checkbox"/> Containment Bldgs
<input type="checkbox"/> Other:		
Comments:		

SITE ACTIVITY

Number of Employees:	Shifts:
Type of Activity:	Products:
Process Description:	

KEY INDICATORS INFORMATION

1.) Containers and tanks in good condition/not leaking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> NA
2.) Containers kept closed except when adding or removing waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> NA
3.) Containers and tanks properly <u>marked</u> , and containers properly <u>dated</u> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> NA
4.) Waste stored for less than allowed timeframes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> NA
5.) Impervious base and secondary containment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> NA
6.) Separation of incompatibles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> NA
7.) Adequate aisle space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> NA
8.) Any other violations noted?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> NA
Comments:			

*If no to any of questions 1-7, or yes to question 8, a full compliance inspection is required.

TIME STUDY DATA (FOR DEP USE ONLY)

Pre-Inspection: Hrs.	Inspection: Hrs.	Report Prep: Hrs.	Total Time Spent: Hrs.
-------------------------	---------------------	----------------------	---------------------------

INSPECTOR SIGNATURE: _____

DATE: