

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF WASTE MANAGEMENT
BUREAU OF ENVIRONMENTAL FIELD SERVICES

HAZARDOUS WASTE COMPLIANCE INSPECTION REPORT

Facility Information

EPA/ ID/Permit No. _____ Number of Employees _____

Facility Name _____ District _____

Street _____ City _____ ,KS ZIP _____

Mailing Address (if different than above) _____

County _____ e-mail _____

Phone _____ Cell Phone _____ Fax _____

Operating Hours and Days _____

Type of Business _____

Were GPS coordinates previously taken for this facility and recorded in the appropriate database?

Yes No

If no, did you take the GPS coordinates for this facility and record them in the appropriate database

Yes No

Generator Classification: Closed/Inactive CESQG KSQG SQG LQG
 Not a Generator

If the facility is inactive and/or closed, please provide an explanation under Facility Description.

Other Regulated Activities: T/S/D Facility Tank System Subpart BB
(Complete applicable reports) Universal Waste Activities Transporter

Does the facility have a total above-ground storage capacity of used oil (excluding containers less than 55-gallons) of more than 1,320 gallons? Yes No NA

If yes, then the facility is subject to SPCC requirements due to used oil activities.

Does the facility have a SPCC Plan? Yes No NA

Did you inform the facility they are subject to SPCC Yes No NA

Facility Used Oil Activities (Attach a checklist for each one marked):

Generator Collection Center / Aggregation Point
 Transporter / Transfer Facility Used Oil Processor / Re-Refiner
 Used Oil Burner (Off-Spec Fuel) Used Oil Marketer

No Used Oil Activities

Inspection Information

Routine Complaint

Inspection Time _____ Date(s) _____

Name of person completing this report: _____

Inspection Participants (Include name of inspector(s)):

Name	Title	Company/ Agency	Participated In (Check all that apply)				Comments
			Intro Meeting	Walk-Through	Records Review	Exit Briefing	

Has the company declared any information/processes as trade secrets KSA 65-3447? Yes No
If yes, explain:

Has this facility been previously inspected by EPA and/or KDHE? Yes No
If yes, please summarize the following:

Date	Agency	Description of Violation (do not need to include reg. citations or comments)

Changes since the previous inspection: (Please provide a brief description of any significant process, waste, management, ownership, or other pertinent changes since the previous inspection. If no previous inspection, this section should be blank.)

Facility Description: (# of buildings, approximate size of each building, basic activity in each building, processes, etc.), if not already described in previous reports or in changes since previous inspection section of this report:

Additional Information: (Include pertinent information from this inspection that does not pertain to violations or comments and is not already discussed in other sections)

Exit Conference:

Date of Exit Conference: _____

Were all violations, comments, corrective actions, and response due dates discussed with the facility if applicable? Yes No

Was the possibility of additional violations and possible enforcement discussed with the facility? Yes No

Were the generator status and applicable regulatory requirements discussed with the facility during the exit briefing and/or previously during the inspection? Yes No

List of items provided to facility:

NOC/NONC Yes No

BWM CD Yes No

Container Posters Yes No

Other (list): _____

Summary of additional information presented to facility during exit conference:

List of Attachments:

#	Description of Attachments (List Photolog as last attachment if applicable)
1	NOC/NONC Form
2	Waste Stream Table
3	

Violations and Comments

Were Violations cited: Yes No

Were written comments made: Yes No

Provide a detailed description of each violation and comment, including photo references, attachment references, and regulatory citations below: