

**3rd Party Disposal Facility Evaluation Form**

**EVALUATION FORM**

The information collected through this form, as well as data from site visits, background checks, and other sources will form the basis of the audit. The information will be assessed to determine the appropriateness of the facility.

Please review and complete all sections, and attach any supporting documents that will assist in the evaluation. If a section does not apply indicate NA for "not applicable." Thank you for your cooperation and support of this process.

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## I. FACILITY PROFILE AND HISTORY

1. Facility name: \_\_\_\_\_
2. Facility location: \_\_\_\_\_
3. Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Representative: \_\_\_\_\_
5. Title: \_\_\_\_\_
6. Phone: \_\_\_\_\_
7. Facility EPA ID (if applicable): \_\_\_\_\_
8. Facility owner / parent company: \_\_\_\_\_
9. Type of facility: \_\_\_\_\_
10. Does the facility maintain any management system certifications (i.e., ISO, EMAS, OHASAS)? \_\_\_\_\_

### **Size (attach map of plot plan):**

11. Topography: \_\_\_\_\_
12. Geology (include soil): \_\_\_\_\_
13. Hydrology: \_\_\_\_\_
14. Site surroundings: \_\_\_\_\_
15. Logistics (rail, truck, etc.): \_\_\_\_\_
16. Size limitations / capacity: \_\_\_\_\_

### **Proximity To:**

17. Residences: \_\_\_\_\_
18. Public facilities: \_\_\_\_\_
19. Schools: \_\_\_\_\_
20. Waterways: \_\_\_\_\_
21. Wetlands: \_\_\_\_\_
22. Flood plain: \_\_\_\_\_
23. Drinking water wells: \_\_\_\_\_

### **History of Site:**

24. Year current operation began: \_\_\_\_\_
25. Previous owner: \_\_\_\_\_
26. Previous use: chemical manufacturing \_\_\_\_\_
27. Does the facility have any environmental legacies (i.e., liabilities from previous operations)? \_\_\_\_\_

## II. DESCRIPTION OF OPERATIONS

### 1. Current Operations (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Aqueous / non aqueous treatment | <input type="checkbox"/> Recycling                       |
| <input type="checkbox"/> Biological treatment            | <input type="checkbox"/> Electronic waste (e-waste)      |
| <input type="checkbox"/> Chemical / physical treatment   | <input type="checkbox"/> Secure landfill                 |
| <input type="checkbox"/> Deep well injection             | <input type="checkbox"/> Solidifications / stabilization |
| <input type="checkbox"/> Fuel blending / burning         | <input type="checkbox"/> Solvent recovery                |
| <input type="checkbox"/> Incineration                    | <input type="checkbox"/> Storage / transfer station      |
| <input type="checkbox"/> Medical wastes                  | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Non-hazardous landfill          | <input type="checkbox"/> Waste oil recycling             |
| <input type="checkbox"/> Radiological wastes             | <input type="checkbox"/> Other / additional information  |

Please describe: \_\_\_\_\_

2. List the types of wastes accepted at the facility? \_\_\_\_\_

3. Provide a brief explanation of the site's processing / treatment / recycling operations? \_\_\_\_\_

4. Explain the waste tracking system from when a waste is received to when it is treated, stored, and disposed of, recycled or shipped to another facility? \_\_\_\_\_

5. Describe how processing residues are handled at the facility. \_\_\_\_\_

6. Describe how other facilities are selected for use of residues, products, by-products or waste. \_\_\_\_\_

7. Does the facility provide certificates of disposal? \_\_\_\_\_

8. Identify other significant customers. \_\_\_\_\_

9. What "Best Available Technologies" are utilized at the current facilities? \_\_\_\_\_

10. Describe any process modifications or expansions currently being planned or have taken place within the last 3 years. \_\_\_\_\_

11. Describe how groundwater and soil is protected at the facility. \_\_\_\_\_

12. Describe any transportation operations (i.e., hazard analysis, accident program, driver training program, inspections, documentation, vehicle tracking system, vehicle security, vehicle maintenance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Incineration Section:**

13. What is the level of completeness of the combustion process? \_\_\_\_\_  
\_\_\_\_\_

14. How are slags/ashes handles to minimize the environmental impact? \_\_\_\_\_  
\_\_\_\_\_

15. Is the waste heat from incineration used as an energy source? \_\_\_\_\_

**Landfill Section:**

16. How does the facility ensure that the materials being land filled will not have a future environmental impact?  
Please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Is there a methodology for where & how waste is placed in the landfill? Please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Describe the environmental monitoring program. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Electronic waste:** Products or materials containing: Circuit boards, printers, computers, and its components, CRT (cathode ray tube) screens, batteries containing lead, mercury, or cadmium, lamps, light ballasts, electrical equipment and its components.

19. Do you or your contractors / subcontractors use incineration or landfill for final disposition of e-waste?  
Please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Do you use other recycling and reclamation facilities based in the US exclusively?  Yes  No  
Please provide the name and address of all facilities used and their function. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Do you use other recycling and reclamation facilities not based in the US?  Yes  No  
Please provide the name and address of all facilities used and their function. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Have you formally evaluated and documented the processes at the recycling and reclamation facilities with regard to basic health, safety, and environmental practices within the past three years?  Yes  No  
Please describe. \_\_\_\_\_  
\_\_\_\_\_

23. Are there formal environmental management systems in place to ensure that operations and practices meet industry best practices? Please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Describe how you document and track e-waste through the reuse, recycling or recovery chain.  
\_\_\_\_\_  
\_\_\_\_\_

**III. PERMIT STATUS AND REGULATORY COMPLIANCE**

1. List all permits, permit numbers, and expiration dates:

PERMIT TYPE	PERMIT NUMBERS	EXPIRATION DATE
Solid / hazardous waste (treatment, storage, disposal, recycling)	_____	_____
Surface water discharge(s) & POTW	_____	_____
Air emissions	_____	_____
Groundwater monitoring	_____	_____
Other (e.g. radioactive, medical wastes, storm water, SPCC)	_____	_____

2. What types of wastes are you permitted to accept at your facility? Attach supporting documentation.

3. Quantity of waste treated / disposed or recycled last year: \_\_\_\_\_

4. Waste(s) or packaging that the facility is unable to accept: \_\_\_\_\_

5. What are the maximum quantities of wastes which you are permitted to store on-site at any one time? Attach supporting documentation. \_\_\_\_\_

6. If applicable, describe any remedial activities undertaken at the site. \_\_\_\_\_  
\_\_\_\_\_

7. Have there been any enforcement actions, consent decrees, fines, etc. against the facility within the last 3 years? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

8. Have there been any noise and/or odor complaints within the last 2 years? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

**IV. REGULATORY AGENCY CONTACT (air, waste, municipality, other)**

Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone #: \_\_\_\_\_

1. Has any regulatory agency received any complaints about the site in the last three years? If yes, please explain.

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2. If applicable, date of last regulatory compliance inspection. \_\_\_\_\_

3. If applicable, describe results of last regulatory compliance inspection. \_\_\_\_\_

4. If applicable, list and attach copies of all regulatory compliance inspection reports for the last two years.

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5. Have there been any citizen suits against the facility within the last five years? If yes, please explain.

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6. Transporters used (include permits) \_\_\_\_\_

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#### **V. PERSONNEL AND TRAINING**

1. Number of full-time employees: \_\_\_\_\_

2. Number of part-time employees: \_\_\_\_\_

3. Are employees unionized? \_\_\_\_\_

4. Has the site experienced labor difficulties such as strikes or work stoppages? \_\_\_\_\_

5. Describe the employee training program. \_\_\_\_\_

6. Is training scheduled for new employees? \_\_\_\_\_

7. How often is the training updated? \_\_\_\_\_

8. Does the facility have a training manual? \_\_\_\_\_

9. Does the site / company have a legal staff? \_\_\_\_\_

#### **VI. SAFETY AND INDUSTRIAL HYGIENE**

1. Do operations at this facility directly expose employees to hazardous chemicals? \_\_\_\_\_

2. What precautions are taken to prevent exposure? \_\_\_\_\_

3. Describe / attach site HSE management system. \_\_\_\_\_

4. Does the facility record HSA data? How is the data used? \_\_\_\_\_

5. Date of last inspection by OSHA and inspection results. \_\_\_\_\_

6. Date of last investigation or citation by any federal, state, or local agency for safety violations. \_\_\_\_\_

7. Describe the site's fire prevention / protection program. \_\_\_\_\_

8. Describe the site's medical monitoring program. \_\_\_\_\_
9. Provide a brief description of the site's safety / IH training program? \_\_\_\_\_
10. What personal protective equipment is used or available at the facility? \_\_\_\_\_
11. Provide the number of OSHA recordable at the facility for the last 3 years. \_\_\_\_\_
12. Provide the lost time accident rate at the facility for the last 3 years. \_\_\_\_\_

## VII. WASTE ANALYSIS

1. Does the facility have an analytical laboratory on-site? \_\_\_\_\_
2. Is the laboratory certified? \_\_\_\_\_
3. Describe laboratory analysis performed and equipment used. \_\_\_\_\_
4. Does the facility have a waste analysis plan? \_\_\_\_\_
5. Are incoming wastes analyzed before unloading? \_\_\_\_\_
6. What is the rationale for the parameters tested? \_\_\_\_\_
7. If the waste does not match the corresponding profile sheet, what is done with the waste? \_\_\_\_\_

## VIII. SECURITY & EMERGENCY RESPONSE

1. Describe the security systems employed at the facility. \_\_\_\_\_

### Does the facility have any of the following:

2. An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel?  Yes  No
3. A device at the scene of operations capable of summoning emergency assistance from police, fire department, etc.?  Yes  No
4. Fire control equipment and an adequate supply of water?  Yes  No
5. Describe the emergency spill equipment the facility has on hand. \_\_\_\_\_
6. Have arrangements been made with local police, fire department, hospitals, contractors and state and local emergency teams to provide assistance during emergency situations?  Yes  No
7. Describe these arrangements. \_\_\_\_\_
8. Is there an evacuation plan for facility personnel?  Yes  No
9. Indicate date of last emergency exercise. \_\_\_\_\_

## IX. FINANCIAL, INSURANCE & BUSINESS CONTINUITY CONSIDERATIONS

1. Name and address of legal owner of the facility. \_\_\_\_\_

2. Form of Ownership. \_\_\_\_\_

3. List the types of insurance held by the facility. \_\_\_\_\_

<u>TYPE</u>	<u>AMOUNT</u>	<u>CARRIER</u>
4. Workman's compensation	_____	_____
5. General liability	_____	_____
6. Automobile impairment	_____	_____
7. Environmental impairment	_____	_____
8. Other environmental impairment (pollution liability)	_____	_____

9. Is the facility self-insured?  Yes  No

10. If yes, how funded? \_\_\_\_\_

11. Has any claim been made against any of the policies for environmental-related damages? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

12. Is there any approved closure plan for the facility?  Yes  No

If yes, please explain. \_\_\_\_\_

13. What is the cost estimate? \_\_\_\_\_

14. Describe the funding mechanism? \_\_\_\_\_

15. Describe the facility's business continuity plan. \_\_\_\_\_

16. Describe the facility's provisions for disaster recovery. \_\_\_\_\_

**X. SUBMISSION SIGNATURES AND DATE**

Name of the company executive submitting the report: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_