OFFSITE RECYCLING/DEMILITARIZATION FACILITY INSPECTION FORM

FIRM:

ADDRESS:

CONTACT(S):

TELEPHONE: FACSIMILE:

PART A - WORKING PAPERS

1. Purpose/Scope of Inspection:

   ☐ Pre-Award Inspection ☐ Post-Award Inspection

2. Method of Inspection:

   ☐ Interview ☐ Site Survey

3. Facility has been in operation (years):

4. List all permits, authorizations, permit/authorization limitations, date of permit, and expiration date.

   a. Permits Granted By:

   b. Dates:

5. Permitted Processes:

6. Date and results of most recent compliance inspection (if any):

PART B - FACILITY PROCESSES

1. Description of operations and processes:

2. What types of equipment are on-site and will be used in this operation:

3. Describe the following mechanics/logistics of:

   a. How much material is accepted yearly:

   b. How material is accepted from other sources besides the government:

   c. Is there an area where the government material can be stored separate from other material:

PART C - FACILITY CONTROLS AND INTERNAL OPERATIONS

1. SECURITY:

Does facility have adequate security through:	Yes	No	N/A
a. 24 Hour surveillance system (e.g. TV monitoring or guards), or security system - electronic motion detectors:	☐	☐	☐
b. Artificial or natural barrier around facility (e.g.,fence or cliff):	☐	☐	☐
c. Means to control entry through entrances (e.g., attendant, TV monitors, locked entrance, controlled roadway access):	☐	☐	☐

2. GENERAL INSPECTION REQUIREMENTS:

Does the owner/operator inspect the following:	Yes	No	N/A
a. Monitoring equipment?	☐	☐	☐
b. Safety and emergency equipment?	☐	☐	☐
c. Security devices?	☐	☐	☐
d. Operational and structural equipment?	☐	☐	☐
e. Types of problems with equipment? (malfunction, operator error, discharges)	☐	☐	☐

If yes to the above, how frequent are the inspections:

PART D - PREPAREDNESS AND PREVENTION

	Yes	No	N/A
1. Is there evidence of fire, explosion, or contamination of the environment?	☐	☐	☐
2. Is the facility equipped with:			
a. An alarm system?	☐	☐	☐
b. Telephone or two way radio to call emergency response?	☐	☐	☐
c. Portable fire extinguishers, fire control equipment?	☐	☐	☐
d. Is a contingency plan maintained at the facility?	☐	☐	☐

PART F - INSPECTORS COMMENTS AND REMARKS

1. Any other comments/remarks or observations not otherwise identified on this form:

PART G - INSPECTOR'S SIGNATURES

Signature Field _____ Date _____

Signature Field _____ Date _____