



APPENDIX D

Checklists

This appendix contains the following checklists:

- Appendix D.1 **DLA Energy Environmental Checklist** – A tool for evaluating general compliance with the federal U.S. Environmental Protection Agency (EPA) regulations, including some U.S. Department of Transportation (DOT) hazardous material and cross-country pipeline questions
- Appendix D.2 **Environmental Management System Checklist** – A tool for verifying conformance to the International Organization for Standardization 14001 (ISO 14001)
- Appendix D.3 **DLA Energy Safety Checklist** – A tool for evaluating general compliance with the federal Occupational Safety and Health Administration (OSHA) regulations

**THIS PAGE LEFT
INTENTIONALLY BLANK**



Appendix D.1

DLA Energy Environmental Checklist

**THIS PAGE LEFT
INTENTIONALLY BLANK**



DLA Energy Environmental Checklist

General Facility Information

Interviewer:

Date:

Facility Name:

Site Location:

County:

Physical Address:

Mailing Address:

U.S. EPA Region:

USCG District:

U.S. EPA Identification Number:

State Identification Number:

Facility Contact

Name:

Title:

Phone:

Email:

Cellular/Pager:

Facility Description

Check all those that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Aboveground storage tanks (ASTs) | <input type="checkbox"/> Aircraft fueling | <input type="checkbox"/> Site remediation |
| <input type="checkbox"/> Underground storage tanks (USTs) | <input type="checkbox"/> Aboveground piping | <input type="checkbox"/> Septic tank or drain field |
| <input type="checkbox"/> Truck/tanker loading and unloading | <input type="checkbox"/> Underground piping | <input type="checkbox"/> Surface water impoundments or ponds |
| <input type="checkbox"/> Rail loading and unloading | <input type="checkbox"/> Off-site or cross-country piping | <input type="checkbox"/> Potable water well |
| <input type="checkbox"/> Marine terminal | <input type="checkbox"/> Oil/water separator(s) | <input type="checkbox"/> Municipal water supply |
| <input type="checkbox"/> Vehicle fueling or defueling | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Underground injection control (UIC) well |

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



DLA Energy Environmental Checklist

Facility Description

Contractor Name: Full-time Equivalent

Actual Property Owner: Total Facility Size (acreage):

Facility Operating Hours Mon.-Fri.: Sat.: Sun.:

Has the facility recently modified or constructed new equipment? What improvements or changes to the facility are planned?

What are the facility's Standard Industrial Classification (SIC) codes?

What are the facility's North American Industry Classification System (NAICS) codes?

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Are there potential jurisdictional wetlands on or near the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there known threatened or endangered species and/or habitats on or near the facility? Are there known cultural or historic resources on or near the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Recordkeeping

Are environmental records kept in a central file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where?			
Is access to environmental records adequately controlled? Are environmental records maintained in an orderly fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where?			
Are employee environmental training records kept in a central file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where?			
Does the facility staff have access to applicable federal, state, and local regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Environmental Plans and Permits

Management Plans

Does the facility have any of the following plans:		<u>Date Last Revised</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
61 FR 31103, 6/19/96	Integrated Contingency Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.3 and 112.7	Spill Prevention, Control, and Countermeasures (SPCC) Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.20	Facility Response Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 CFR 154, Subpart F	Marine Terminal Response Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 194	Onshore Pipeline Response Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195	Off-site Pipeline Facility Procedural Manual for Operations, Maintenance, and Emergencies?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 CFR 254	Offshore Facility Spill Response Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 130	Highway and Railway Oil Transportation Response Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 172 Subpart I	Hazardous Materials Security Plans for Shippers?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262, Subpart M	Hazardous Waste Contingency Plan for Large Quantity Generators (LQGs)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 122.26 and MSGP Sectors S and P	Stormwater Pollution Prevention Plan (SWPPP) (also known as a Soil Erosion and Sediment Control Plan)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 68 Subpart G	Risk Management Plan for Regulated Chemicals?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹ and 13514	Pollution Prevention Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹	Environmental Management System (EMS) Manual and Procedures?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹ and 13514	High Performance and Sustainable Building Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹	Green Procurement Program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹	Electronics Stewardship Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹	Waste Reduction Plan, Procedure, or Practice(s)? (Note: May be Combined with Pollution Prevention Plan)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹ and 13514	Energy Conservation Plan, Procedure, or Practice(s)? (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹	Sustainability Performance Plan, Procedure, or Practice(s)? (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹	Greenhouse Gas Management Plan, Procedure, or Practice(s)? (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹	Electronics Products Efficiency and Services Plan, Procedure, or Practice(s)? Note: May be Included with Electronics Stewardship Plan (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹	Water Efficiency Plan, Procedure, or Practice(s)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ E.O. 13423 and E.O. 13514 were previously revoked; the replacement Order is E.O. 13834 Efficient Federal Operations, signed May 17, 2018.

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Environmental Plans and Permits (cont.)

Management Plans

Does the facility have any of the following plans:		<u>Date Last Revised</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E.O. 13834 ¹	Sustainable Regional and Local Integrated Planning, Procedures, or Practice(s)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.O. 13834 ¹ Other	Waste Reduction Plan, Procedure, or Practice(s)? (Note: May be Combined with Pollution Prevention)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ E.O. 13423 and E.O. 13514 were previously revoked; the replacement Order is E.O. 13834 Efficient Federal Operations, signed May 17, 2018.

Environmental Permits

Does the facility have any of the following environmental permits?

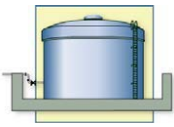
<u>Environmental Permit</u>	<u>Permit No.</u>	<u>Date Issued</u>	<u>Date Expires</u>
Air Emission Construction Permit			
Air Emission Operating Permit			
Wastewater Discharge (NPDES)			
Stormwater Permit (NPDES)			
Stormwater Permit for Construction Activities			
Sewer Discharge Permit			
UST Operating Permit/Registration			
AST Operating Permit/Registration			
Hazardous Waste Treatment Storage or Disposal Facility (Part B)			
Other			
Other			
Other			

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Aboveground Storage Tanks

Tank Description

Are there any ASTs on-site? If yes, complete the following: Yes No N/A

Tank Name, Number, or Location	Tank Material	Capacity (gallons)	Date Installed	Material Stored	Vapor Pressure of Material Stored (psia)

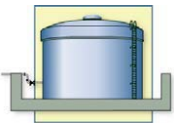
40 CFR 63.420(a)(1) How many ASTs have fixed roofs without internal floating roofs?
 Which tanks?
 How many ASTs have fixed roofs with internal floating roofs?
 Which tanks?
 How many ASTs have external floating roofs with primary seals?
 Which tanks?
 How many ASTs have external floating roofs with primary and secondary seals?
 Which tanks?

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
40 CFR 112.8(c)(8)	For spill prevention, are there level gauging systems and alarms, such as:			
	High-level alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	High-liquid pump cutoff devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication system between the tank gauge and pump station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Liquid level meters, such as digital computers, telepulse system, or visual gauges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Liquid level sensing devices? (These should be regularly tested for proper operation.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other devices that provide equivalent protection (such as relief valves and overflow lines)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.7(g)	Are oil handling, processing, and storage areas secure and are starter controls on oil pumps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.7(g)	Are tank flow valves and drain valves (such as water draw-off, sampling, and sparge valves) locked or secured when not operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.7(g)	Is security lighting adequate to prevent vandalism and to discover oil leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1200(f)	Are ASTs that contain hazardous materials labeled with the chemical name and hazard warning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.7(a)(3)	Are site drawings or facility diagrams showing fixed oil storage containers, mobile or portable containers, tank locations, exempt USTs, transfer stations, and connecting pipes current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Aboveground Storage Tanks (cont.)

Tank Containment

What secondary containment systems are in place:

	Yes	No	N/A
40 CFR 112.7(c) and 112.8(c)(2) Earthen berm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined earthen berm? Specify liner material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete retaining walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g., double-walled or double-bottom tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.8(b) Are there valves in the containment system for drainage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valve type?			
Were all drainage valves in the containment system observed to be closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.8(c)(3) and (10) Was liquid observed in any containment system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

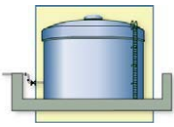
Tank Maintenance

40 CFR 112.8(c)(6) When was the last tank integrity test or inspection?			
Was a standard industry inspection method used (e.g. SP001, API-653)? If yes, state method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What integrity test method was used:			
Visual inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrostatic testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographic testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasonic testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acoustic emissions testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nondestructive shell thickness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			
40 CFR 112.8(c)(10) Was rust observed on any of the tank shells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were leaking seams, gaskets, rivets, or bolts observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are tank bottom wastes removed?			
How are tank bottom wastes disposed?			
When were the tanks last emptied and cleaned?			
Have any ASTs been repaired? If yes, describe repairs (changes, dates, and contractors):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the tank integrity-tested after the repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Aboveground Storage Tanks (cont.)

AST Recordkeeping

Are the following AST records available:

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
440 CFR 112.7(e)	Visual tank inspection records (addressing tank supports, foundations, flow valves, pumps, flange tanks, expansion joints, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.8(c)(6)	Tank integrity test results (e.g., hydrostatic test, shell thickness tests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.8(c)(3)	Containment system drainage or pumping records (date, time personnel)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AST service, repair, maintenance, and cleaning records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Underground Storage Tanks

Tank Description

Are there any USTs on-site? If yes, complete the following:

Yes No N/A

Tank Name, Number, or Location	Tank Material	Capacity (gallons)	Date Installed	Material Stored	Vapor Pressure of Material Stored (psia)

Leak Protection Detection

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
40 CFR 280.42(b)	Are USTs double-walled tanks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.43	What leak detection methods are used:			
40 CFR 280.43(d)	Automatic tank gauging system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.43(e)	Vapor monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.43(f)	Groundwater monitoring via well sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.43(g)	Interstitial monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.43(a–c)	Inventory control, manual gauging, and tightness testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other			
40 CFR 280.20(a)	Type of cathodic protection for steel tanks:			
	Dielectric coating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Impressed current system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sacrificial or galvanic anodes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other			
40 CFR 280.30(a)	Do spill catchment basins have liquids in them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.20(c)	Is overfill prevention equipment (e.g., automatic shutoffs,alarms) operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Underground Storage Tanks (cont.)

UST Maintenance

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
	When were the tanks last emptied and cleaned?			
40 CFR 280.33	Have any USTs been repaired? If yes: Describe repairs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.33(d)	Was the tank tightness-tested after the repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do you see any staining of the soil or ground surrounding the tank area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280 Subpart E	Have any USTs been found to be leaking? If yes: Describe actions taken:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UST Recordkeeping

Are the following UST records available:

40 CFR 280.22	UST registration or notification forms submitted to the appropriate state agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.31	Cathodic protection system inspection reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.45	Leak detection system monitoring results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.45(b), 280.43(c), 280.33(d)	Tank tightness test results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.33(f)	UST system repair or upgrade records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.74	UST closure or change of service notification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.53	Spill or overflow reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.63, 280.66	UST site assessment and corrective action reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Piping

Buried On-site Pipelines

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
40 CFR 280.20(b) and 112.8(d)	Are there buried pipelines? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do buried steel pipelines have cathodic protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.41(b)	Are buried pipelines pressurized or suction piping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.42(d)	Do buried pipelines have secondary containment (double-walled or trench liners)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.31(a-c)	Has the cathodic protection for buried steel pipelines been tested? If yes: When?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.45	Are there records of buried pipeline automatic leak detection monitoring or integrity testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280.31(d)	Are there records of buried steel pipeline cathodic protection inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.8(d)(4)	Are there records of integrity and leak testing at the time of buried pipeline installation, modification, relocation, or replacement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aboveground On-site Pipelines

	Are there aboveground pipelines? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have any pipelines been repaired? If yes: When?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there expansion relief valves that bleed over-pressurized product back to the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there emergency shutoff valves or impact valves in the pipeline (sometimes at the tank or product dispenser)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(c)(3)	Are flammable and combustible liquid pipe joints vapor- and liquid-tight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there line leak detectors or alarms that indicate leaks in the lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there other leak detection methods employed (tightness testing, soil vapor monitoring, groundwater monitoring, interstitial monitoring, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.8(d)(4)	Are aboveground pipelines (and pipe supports, connecting joints, valves, gauges, pumps, appurtenances, and catch basins) inspected regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any out-of-service pipelines? If yes,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.8(d)(2)	Are lines out-of-service for extended periods capped or blind-flanged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.7(e)	Are there records of aboveground pipeline inspections (including pipe supports, connecting joints, valves, gauges, pumps, and catch basins)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Piping (cont.)

Off-site or Cross-country Pipelines

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
49 CFR 195.410	Do off-site or cross-country pipelines have line markers or signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.302	Have off-site pipelines been pressure-tested? If yes: When?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.452(j)	Have pipelines in high consequence areas been integrity-tested in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do off-site pipelines have breakout tanks or pump stations? If yes: Are breakout tanks and pump stations provided with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.430	Firefighting equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.428	Overfill protection system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.434	Signs with the operator and emergency contact phonenumber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.438	No smoking signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.436	Security to protect from vandalism and unauthorized entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Off-site or Cross-country Pipeline Recordkeeping

49 CFR 195.404	Are maps of the pipeline system current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.402	Is there a manual of written procedures for conducting normal operations and maintenance activities (e.g., pressure test results) and for handling emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.452	Is there a written integrity management program for pipelines in highly populated areas, ecologically sensitive areas, and near navigable waterways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.440	Is there a written continuing public education program consistent with API Standard 1162?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.442	Is there a written damage prevention program addressing dangers of excavation near the pipeline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.446(a)	Is there a control room that monitors and controls all or part of a pipeline facility through a SCADA system? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.446 (b)–(j)	Are there written control room management procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.505	Is there a written operator qualification program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.403	Are employees given emergency response training annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.412(a)	Are off-site or cross-country pipelines inspected at least every 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.412(b)	Are lines under navigable waters inspected every 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.420(b)	Are pipeline valves inspected and maintained every 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.432(a)	Are breakout tanks inspected annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.55	Were safety-related condition reports submitted for corrosion damage, material defects, pipeline movement (e.g., from earthquakes or floods), or malfunctions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.310	Are pipeline pressure test results available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 195.49	Was the annual report submitted to PHMSA by June 15?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Fuel Dispensing

Fuel Loading and Unloading Areas

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
	Do loading areas have roofs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.7(h)	Do loading areas have curbing or a containment system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do loading areas have floor drains? If yes: Where do floor drains discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.8(d)(5)	Are vehicles warned (verbally or visually) to avoid endangering piping and transfer operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.7(g)	Are out-of-service and loading/unloading connections of oil pipelines secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.7(g)	Are starter control pumps in an area restricted to authorized personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.7(h)(3)	Prior to truck or rail car filling and departure, are drains, outlets, and overfill protection (Scully system) inspected and secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.7(h)(2)	Are there means of preventing a vehicle from leaving before completely disconnecting from fuel transfer lines (warning lights, signs, physical barriers, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are emergency shutoffs accessible and well marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.8(d)(2)	Are loading and unloading pipeline connections securely capped or blind-flanged when taken out of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(7)	Are there means of preventing flammable and combustible liquids spilled at loading and unloading points from entering sewers and drainage systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(6)	Are "No Smoking" signs posted and ignition sources prohibited where flammable liquids are handled, drawn, or dispensed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(5)	Are electrical installations explosion proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(3)(iv)	Are grounding and bonding cables for flammable liquids in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(e)(9)(iv)	Is the area near flammable and combustible liquid operations kept free of weeds, trash, and combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Marine Terminal or Pier Facilities

33 CFR 154.300(b)	Does the marine terminal have a current operations manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(4)	Do pier loading pumps carrying flammable and combustible liquids have means to protect against excessive pressure (e.g., bypasses, relief valves)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 CFR 154.740 and 29 CFR 1910.106(f)(4)	Are pier pressure hoses and couplings inspected regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 CFR 154.735 and 29 CFR 1910.106(f)(4)	Are fire extinguisher locations marked and located within 75 feet of hose connections, pumps, and separator tanks at the pier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 CFR 154.545	Does the terminal have enough containment equipment available to capture any petroleum discharges onto the water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 CFR 154.735 and 29 CFR 1910.106(f)(6)	Are "No Smoking" signs posted and ignition sources prohibited where flammable and combustible liquids are handled, drawn, or dispensed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Air Emissions

Tanks

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
40 CFR 60.7(a)(1)	Was their written notification to EPA or the state agency for construction, reconstruction, or modification of petroleum storage tanks or terminals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there emission control devices associated with the facility's operations? If yes, what kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 60.113a(a) & 60.113b(b)	For external floating-roof tanks, are primary seals inspected every 5 years and secondary seal seals inspected annually? Are gap measurements recorded and maintained on-site for 2 years (5 years for Title V facilities)? (Does not apply to tanks constructed prior to 1978)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 60.113b(b)(6)	For external floating-roof tanks, are seals and fittings inspected each time the tank is emptied and degassed, and is the agency notified prior to filling (for tanks constructed or modified after 1984 only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 60.113b(a)	For internal floating-roof tanks, are visual inspections of the primary and secondary rim seals conducted annually and recorded (for tanks constructed or modified after 1984 only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 60.113b(a)(5)	For internal floating-roof tanks, is there written agency notification prior to filling or refilling the tanks after visual inspection of the primary and secondary seals (for tanks constructed or modified after 1984 only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Distribution

40 CFR 60 Subpart XX	Is the facility a gasoline distribution terminal with throughput of 20,000 gallons or more? If yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 63 Subpart R	Does the facility receive gasoline by pipeline, ship, or barge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 60.505(c)	Are there records of monthly leak inspections for the loading rack and vapor collection system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 60.505(a)	Does the facility maintain cargo tank vapor-tightness documentation for tanker trucks filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 63 Subpart EEEE	Does your facility distribute organic liquids other than petroleum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 63.2334	Are you located at or part of an installation considered a major source of hazardous air pollutant emissions? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 63.6(e)(3)	Do you have a written startup, shutdown, and malfunction plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Air Emissions (cont.)

Equipment (Generators and Refrigerants)

40 CFR 63 Subpart ZZZZ Are there any stationary engines on-site? If yes, complete the following: Yes No N/A

Engine Name, Number, or Location	Compression Ignition or Spark Ignition (if spark ignition-specify 2- stroke or 4-stroke)	Date Manufactured	Date Installed	Rated Capacity (hp)	Used for Emergency Purposes Only?

		Yes	No	N/A
40 CFR 60 Subparts IIII & JJJJ	Do you have documentation showing the engines meet the emissions standards or were certified by the manufacturer (Certificate of Conformity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 60 Subparts IIII & JJJJ; 40 CFR 63 Subpart ZZZZ	Do emergency engines have a non-resettable hour meter installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 60 Subparts IIII & JJJJ; 40 CFR 63 Subpart ZZZZ 40 CFR 82 Appendix F	For emergency engines, are there records of the operating hours and reason for operating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 82, Subpart E	Does the facility use any equipment that contains ozone-depleting substances (ODS) (i.e., refrigerants)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 82, Subpart F	Are there appropriate warning labels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 82.161	Have leaks been fixed within 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 82.166	Are maintenance and repairs performed by a certified technician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 82.166	Are service records available for the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Air Permits, Recordkeeping, Misc.

40 CFR 63 Subpart ZZZZ	Are there any stationary engines on-site? If yes, complete the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the facility a major source? (i.e., does the facility have a Title V Operating Permit?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have there been any changes in emission levels or operating practices since the air permit was received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the facility located in a nonattainment area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the facility received any nuisance (odor, smoke, noise) complaints from neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 60 Subpart A and 40 CFR 63 Subpart A	Was an annual Air Emission Inventory Report and/or fees submitted to the state agency (Title V facilities only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Were any notifications provided to the EPA for applicability, testing, etc., as required by applicable NSPS and/or NESHAP regulations that the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are all required records being maintained on-site for 2 years (or 5 years if your facility has a Title V operating permit)? (This includes copies of any notifications submitted, tanker truck vapor-tightness documentation and documentation of monthly leak inspections if subject to Subpart XX, seal inspections for Subparts Ka and Kb, O&M plans, measured values and testing performed for the vapor control system if subject to Kb, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Hazardous Waste Management

Hazardous Waste Recordkeeping

		Yes	No	N/A
	What type of hazardous waste generator is the facility? ¹			
40 CFR 262.13	Large quantity generator (LQG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.13	Small quantity generator (SQG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 261.13	Very small quantity generator Small Quantity Generator (VSQG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.18	Does the facility have an EPA identification number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.18	Is there a copy of EPA form 8700–12 “Notification of Regulated Waste Activity” in the files? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the information provided current such as the facility contact person named, the waste codes identified, and the generator status (LQG, SQG, or VSQG*)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.42	Did you receive a signed copy of each manifest within 35 days of shipment from a receiving TSD or recycling facility? If no, was a phone call documented to determine shipment status, and was an exception report filed as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262 Subpart B	Are copies of each manifest signed by the facility, transporter, and receiving TSD or recycling facility kept for 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 268.7(a)(2)	Did the facility send a land disposal notification or certification form for each particular waste type with the initial shipment to the receiving TSD or recycling facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.41	If the facility is a large quantity generator, ¹ was the annual or biennial hazardous waste report submitted to the agency by March 1 st (or per state regulations)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a copy maintained in the files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Satellite Accumulation Drums

40 CFR 262.15	Is there a satellite accumulation drum for collecting hazardous waste? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.15	Is the drum located where it is observed and monitored by the generator or operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.15	Is the drum marked with the words “Hazardous Waste” and an indication of the hazards of the contents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.15	Is the drum kept closed except when adding or removing waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262 Subpart M or 262.16(b)(9)	Is emergency information (e.g., name and no. for the fire department and the qualified individual (QI) posted near the phone closest to the hazardous waste drum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262 Subpart M or 262.16(b)(9)	Is emergency equipment available near the hazardous waste drum (e.g., fire extinguishers, spill control supplies, absorbents, safety data sheets [SDSs])?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹Contact your state agency for the specific definition of generator status. In general, an LQG produces 2,200 lbs of hazardous waste per month. An SQG produces 220 to 2,220 lbs per month, and a VSQG produces less than 220 pounds per month.

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Hazardous Waste Management (cont.)

Hazardous Waste Central Accumulation Area for SQG and LQGs (Indoor and Outdoor)

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
40 CFR 265 Subpart B	Is the hazardous waste storage area clearly identified (e.g., sign)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.16 or 262.17	Are hazardous waste containers closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 265.193	Does the hazardous waste storage area have secondary containment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.16 and 262.17	Is there sufficient aisle space in the hazardous waste storage area to allow unobstructed movement of personnel and equipment and can you also see the drum labels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.16, or 262.17	Are hazardous waste containers labeled with either 1) the date accumulation began or 2) the date when the satellite accumulation area drum became full before it was moved to the central accumulation area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.16 or 262.17	Are hazardous waste containers and the accumulation area inspected weekly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.17	Are containers holding ignitable or reactive hazardous waste stored at least 50 feet from the property line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.16 or 262 Subpart M	Is the hazardous waste storage area equipped with:			
	Internal communications system or alarm system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone or two-way radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Portable fire extinguishers or fire control equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spill control equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Decontamination equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Water of adequate volume for hoses, sprinklers, or water spray systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.16 or 262 Subpart M	Is emergency equipment routinely tested to ensure proper operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.16 or Subpart M	Has the facility made arrangements to familiarize local authorities with the characteristics of the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.16 or 262 Subpart M	Are there agreements in place with emergency response contractors and equipment suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.16 or 262 Subpart M	Is there one employee on the premises or on call with the responsibility of coordinating hazardous waste emergency response measures? If yes: List name and contact number of the emergency coordinator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58 FR 31114, 5/28/93	Has the facility implemented a hazardous waste minimization program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Hazardous Waste Management (cont.)

Hazardous Waste Management Training

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
40 CFR 262.17(a) (7)	Is the facility a large quantity generator of hazardous waste (>2,200 lbs/mo.)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there a written hazardous waste training program addressing:			
	Emergency response procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency equipment inspection, monitoring, and repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Responses to fires or explosions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shutdown operations and alarm systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do training records include employee name, job title, and job description related to hazardous waste management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.17(a) (7)	Is hazardous waste management awareness training conducted annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 262.16(b) (9)(iii)	Is the facility a small quantity generator of hazardous waste (220 to 2200 lbs/mo.)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is an awareness training conducted so all employees are familiar with proper waste handling and emergency procedures relevant to hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 172.704	Have personnel signing hazardous waste manifests been trained (every 3 years) in DOT packaging, labeling, marking, placarding, and shipping paper requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Non-hazardous Waste Management

Specific Waste¹

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
	Does the facility generate or handle the following waste:			
40 CFR 279.22	Oil or grease? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are waste oil containers labeled "Used Oil"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are used oil containers stored inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are used oil containers stored outside? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there secondary containment around the container? (required if the facility has an SPCC plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is used oil recycled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 266 and/or 273	Batteries – lead-acid, nickel-cadmium, lithium, silver button, etc.? (Does not include alkaline batteries.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 273	Light bulbs or tubes (fluorescent, high-intensity discharge, neon, mercury vapor, high-pressure sodium, and metal halide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 273	Mercury-containing equipment (thermostats, barometers, gauges, and switches)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 82	Ozone-depleting substances (chlorofluorocarbons, halons, certain refrigerants, solvents, and foams)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 261.39–41	Cathode ray tubes (CRT) (computer monitors, televisions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 273	Does the facility contract pesticide applications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 273 Subpart B&C	Has the facility set up a waste management program for universal wastes, such as light bulbs, batteries, mercury-containing equipment, and pesticides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 273.16	Are all employees informed of proper handling and emergency procedures for universal waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 61 Subpart M	Are there known asbestos-containing materials at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 761.50, 761.60 and 761.62	Is there any electrical equipment present at the facility (e.g., transformers, capacitors, light ballasts, etc.) that was manufactured prior to 1978 and may contain PCBs? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹The following materials are classified as Universal Wastes within certain states, and will have specific regulatory requirements in addition to those identified above: aerosol cans (CA, CO, WA); antifreeze (LA, NH); ballasts (ME, MD, VT); barometers (NH, RI); electronics (AR, CA, CO, CT; LA, MI, NE, and NJ); oil-based finishes (NJ); CRTs (ME, NH, and RI); paint and paint-related waste (TX), and pharmaceuticals (MI and FL). This list is not comprehensive. Check each state for specific regulatory requirements and up-to-date information.



Non-hazardous Waste Management (cont.)

Solid Waste

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Are the surroundings near the solid waste containers and dumpsters free from debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have a scrap yard or a boneyard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility generate:			
Laboratory waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salvage material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old drums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yard waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill waste (e.g., absorbents, mats/pads, booms, sorbents, soil, sediment, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
E.O. 13834 ¹ Does the facility have a recycling program? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:			
E.O. 13834 ¹ Does the facility have a waste diversion program? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:			
E.O. 13834 ¹ Does the facility minimize waste through a source reduction program? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:			

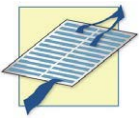
¹ E.O. 13423 and E.O. 13514 were previously revoked; the replacement Order is E.O. 13834 Efficient Federal Operations, signed May 17, 2018.

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Stormwater Management

General Information

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Identify the nearest surface water by name (including distance and direction):			
Is the facility in a 100-year floodplain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 122.26(b) (14) Is precipitation runoff directed away from active portions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is runoff originating from active portions collected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any stormwater retention ponds on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does runoff from neighboring facilities impact this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 122.26(b) (14) Does the facility have vehicle and equipment maintenance shops (e.g., vehicle and equipment rehabilitation, mechanical repairs, painting, fueling, lubrication, and equipment cleaning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 122.26(b) (14) and MSGP ¹ Is the facility a petroleum bulk station or terminal (SIC 5171)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the facility submit a Notice of Intent (NOI) to obtain a Multi-Sector General Permit for stormwater discharges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 122.26(b) (14) Does the facility have an individual NPDES permit for stormwater discharges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 122.21 Does the facility have an individual NPDES permit for wastewater discharges? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does it also include requirements for stormwater discharges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹MSGP means Multi-sector General Permit. The EPA MSGP addresses land transportation facilities in Sector P, such as fuel terminals (SIC 5171), and Sector S is for air transportation (SIC 4512–4581).

Stormwater Pollution Prevention Plan (SWPPP)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
40 CFR 122.26 and MSGP Did the facility develop and implement a SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees familiar with best management practices (BMPs) for stormwater controls identified in the SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are BMPs in good order and functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are quarterly visual examinations of stormwater outfalls associated with industrial activity performed within 30 minutes of rain events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any visual observations of contamination (iridescent sheen or rainbow colors) been observed at stormwater outfalls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSGP Sector S Is the facility an air transportation facility (e.g., maintenance shops, equipment-cleaning operations, and aircraft or runway deicing and anti-icing operations)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility use more than 100,000 gallons per year of glycol-based deicing agents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 122.26(b) (14) Is precipitation runoff directed away from active portions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility use more than 100 tons per year of urea? If yes (to either question):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have samples of stormwater runoff been collected and analyzed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Stormwater Management (cont.)

Stormwater Training

MSGP Sector S&P	Are employees trained or briefed annually on the SWPPP and BMPs? If yes, does the briefing instruct personnel:	<u>Yes</u>	<u>No</u>	<u>N/A</u>
	In good housekeeping and material management practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	About the SWPPP requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	About spill prevention, response, and control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stormwater Recordkeeping

40 CFR 122.26(b)(14)(viii)	Is the facility identified by any of the following SIC codes: 40, 41, 42, 45, or 5171? If yes to any of the SIC codes above:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSGP Sector S&P	Are visual examinations of stormwater outfalls within first 30 minutes of rain or snow event documented (in the SWPPP) on a quarterly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSGP Sector S&P	Are there annual reports (usually filed in the SWPPP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are analyses of stormwater samples and discharge monitoring reports (DMRs) required in the stormwater permit and retained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Construction Site Runoff

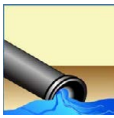
40 CFR 126.26(b)(15)	Does the facility have any planned or actual construction projects affecting 1 acre or greater? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility have authorization to discharge under a General Permit for Stormwater Discharges from Construction Activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was an SWPPP prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 450.21(a)	Are effective erosion and sediment controls installed, implemented, and maintained to minimize the discharge of pollutants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 450.21(b)	Has any disturbed construction area that has temporarily ceased activity, exceeding 14 days, been temporarily stabilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have disturbed areas that have permanently ceased on any portion of the site been permanently stabilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 450.21(c)	Are discharges from dewatering activities, including dewatering of trenches and excavations, being performed with adequate controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are pollution prevention measures or BMPs installed, implemented, and maintained to prevent or minimize pollutant discharges (depending on the source)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Wastewater Management

Wastewater Discharge

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
	Does the facility discharge wastewater to surface water (streams, rivers, ponds)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 122.21	Does the facility have an NPDES Permit for this discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility have an oil/water separator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the oil pumped out of the oil/water separator? If yes: How frequently? Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Where does the wastewater in the oil/water separator discharge (storm sewer, sanitary sewer, other)?			
	How is the oil from the oil/water separator managed?			
E.O. 13834 ¹	Is there any other wastewater treatment on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility track their water consumption and practice water conservation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sewer Discharge

	Does the facility have a septic tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility have a septic drain field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility discharge to sanitary sewers flowing to a publicly owned treatment works (POTW)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there floor drains in any buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there lab drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the POTW know of the facility's discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility have a permit or letter of acknowledgement from the POTW?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility have copies of the local sewer use ordinance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ E.O. 13423 and E.O. 13514 were previously revoked; the replacement Order is E.O. 13834 Efficient Federal Operations, signed May 17, 2018.

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Emergency Response Preparation

Oil and Hazardous Substance Spill Prevention

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
40 CFR 355.20 49 CFR 194.117 33 CFR 154.1026	Does the facility have a designated person who is accountable for oil and hazardous substance spill prevention, such as the QI? If yes, Who is the QI?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 194.117 33 CFR 154.1050 40 CFR 112.7(f)	Are spill prevention briefings conducted at least annually to ensure adequate understanding of SPCC and spill response plans? If yes: Does the briefing instruct personnel: In the operation and maintenance of equipment to prevent the discharge of oil and hazardous substance? In applicable pollution control laws, rules, and regulations? Known spill events, failures, or malfunction components? Recently developed precautionary measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preparedness for Response Exercise Program

67 FR 2944, USCG–X0241, USCG–X0188	Does the facility participate in the National Preparedness for Response Exercise Program (PREP) for compliance with the Oil Pollution Act of 1990? If yes: Does the facility conduct quarterly QI notification drills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility conduct annual spill management team tabletop exercises? If yes: Has one of these exercises in the past 3 years involved a worst-case discharge exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility conduct annual unannounced exercises? If yes: Was one of the unannounced exercises in the past 3 years an equipment deployment exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility conduct semi-annual equipment deployment exercises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility conduct annual Oil Spill Removal Organization (OSRO) equipment deployment exercises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 112.21 33 CFR 154.1055	Does the facility response program include evacuation exercises/drills? If the facility is a marine terminal, are announced and unannounced spill management team exercises conducted annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Chemical and Material Handling

Community Right-to-Know

		Yes	No	N/A
40 CFR 370.10	Does the facility have any hazardous chemicals stored on-site (i.e., any with SDSs) at any one time greater than 10,000 lbs or 4,540 kg (this includes pure form and quantities in mixtures)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 370.30 to 370.33	Did the facility submit a list or copies of SDSs to the state emergency response commission (SERC), the local emergency planning committee (LEPC), and the fire department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 370.40 to 370.45	Are these chemicals identified on the chemical inventory or Tier I/II report submitted annually to the SERC, LEPC, and the fire department with jurisdiction over your facility by March 1 st ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 370.10 and 40 CFR 355.10	Does the facility have any chemicals on the extremely hazardous substances (EHS) list found in 40 CFR 355, Appendix A? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do any of the quantities of EHSs on-site exceed the corresponding threshold planning quantities given in 40 CFR 355 Appendix B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the quantities of EHSs exceed 500 lbs (227 kg or approx. 55 gallons)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 355.30	If yes to the above two questions, has the facility notified their state commission and/or local committee of their EHS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 370.30 to 370.33	Were these EHS included in the list or copies of SDSs submitted to SERC, LEPC, and the fire department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 370.40 to 370.45	If yes to either question above, is this EHS chemical identified on the Tier I/II report submitted annually to your SERC, LEPC, and the fire department with jurisdiction for your facility by March 1 st ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the facility have one or more of the 600 toxic chemicals listed in 40 CFR 372.65? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 372.22	Does the facility have more than 10 full-time equivalent employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 372.25	Did the facility manufacturer, prepare, process, or import 25,000 lbs or more of the toxic chemical per calendar year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 372.25	Did the facility use 10,000 lbs or more of the toxic chemical per calendar year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 372.30	Did the facility submit a Form R or Form A to the EPA and state agency by July 1 st for each toxic chemical above the reporting threshold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 372.10	Does the facility have supporting documentation and calculations determining the amounts of toxic chemicals released and reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 172.704	Have personnel involved with preparing hazardous materials for shipment (drums, packages, tankers) been trained (every 3 years) in DOT packaging, labeling, marking, placarding, and shipping paper requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 172.604	Upon review of several facility shipping papers, was a 24-hour emergency response telephone number identified on each shipping paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 172.602	Do facility personnel verify that each transporter carries written emergency response information for each hazardous material being transported to or from the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 172.500	Do facility personnel confirm that each transport vehicle, prior to leaving the facility loaded with fuel, contains appropriate placards (on each side and each end)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 172.506	Does the facility have placards to offer the carrier/transporter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Enforcement Actions, Spills, and Cleanup Projects

Agency Inspections

- Yes** **No** **N/A**
- Has the facility received any notices of violation, administrative orders, consent orders, or OSHA citations in the past 3 years?
- Have any agency representatives inspected the facility in the past 3 years? If yes, complete the following:

Agency	Date of Visit	Inspector's Name	Issues Identified

Spills

- Yes** **No** **N/A**
- Are there areas of stained soil or dead vegetation?
- 49 CFR 195 Has the facility released hazardous liquids (petroleum, petroleum products, anhydrous ammonia, or carbon dioxide) from a pipeline?
- 40 CFR 302 Has the facility released (or had the potential to release) a hazardous substance in an amount over the reportable quantity (RQ) set in CERCLA?
- 40 CFR 355.33 Has the facility had any release (or threatened release of) of an EHS or CERCLA hazardous substance that meets or exceeds the RQ set forth in EPCRA?
- 40 CFR 262, 264, 265, 273, 279 Has the facility released into the environment (air, water or land) any hazardous waste, universal waste, or used oil?
- 40 CFR 280 Has the facility had a release from a UST?
- 40 CFR 761.125 Has the facility has a spill of polychlorinated biphenyl (PCB) liquids at concentrations of 50 ppm or greater?
- Are spill records available?

Complete the following for spills in the past 2 years:

Spill Date	Substance Spilled	Quantity Spilled	Location Spilled	Cleanup Action	Agency Notified

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Enforcement Actions, Spills, and Cleanup Projects

Remediation

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
40 CFR 300	Is remediation activity being performed? If yes, is it according to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 264				
40 CFR 63, Subpart GGGGG, or 40 CFR 761	CERCLA/Superfund?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The RCRA corrective action process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NESHAPs site remediation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Voluntary Cleanup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The PCB Spill Cleanup Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other?			
	Are there any groundwater monitoring wells at the facility? If yes: How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are they sampled regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there any surface water monitoring/investigations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes: Have subsurface soil investigations been conducted? If yes: When?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have any treatment systems been installed or operated at the facility? If yes: When?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	What type?			
	Have any USTs been removed? If yes: When?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Appendix D.2
Environmental Management System Checklist

**THIS PAGE LEFT
INTENTIONALLY BLANK**

Environmental Management System Checklist¹

Understanding the Organization and its Context

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
Section 4.1	Has internal & external environmental conditions that are relevant to the organization been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 4.2	Have those who are interested in your environmental performance been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 4.2	Have the needs and expectations of your interested parties been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 4.2	Have those requirements that have become compliance obligations been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scope of EMS

Section 4.3	Has the scope of your environmental management system (EMS) been defined and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 4.3	Is there evidence that risks and opportunities related to environmental aspects, compliance obligations and other issues have been identified and addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 4.3	Have emergency situations been determined, within the scope of the EMS, including those that can have an environmental impact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6.1	Does the organization monitor emerging concerns relevant to the organization's mission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Policy

Section 5.2	Has top management approved or signed the environmental policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 5.3	Has an EMS management representative been identified and given authority to oversee and implement the policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 5.2	Are employees, leadership, and contractors made aware and/or trained on the policy? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.3	Has the facility distributed the environmental policy to all employees? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Aspect

Section 6.1.2	What are the environmental aspects of the organization's activities, products, and services?			
Section 6.1.2	Does the location of the organization require special environmental consideration (e.g., sensitive environmental areas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6.1.2	How will any intended changes or additions to activities, products, or services affect the environmental aspects and their associated impacts?			
Section 6.1.2	Have the cumulative effects of smaller activities been taken into account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6.1.3	Are the environmental aspects of the procurement of new materials and subcontracting identified and considered? If yes: How are these environmental aspects and their associated impacts communicated to suppliers/contractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹Source: International Organization for Standardization. ISO 14001:2015, Environmental Management Systems—Requirements with Guidance for Use. 2015(E)

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:

Compliance Obligations

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
Section 6.1.3	Does the organization access and identify relevant compliance obligations and other requirements? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6.1.3	Has the facility developed a procedure to identify and have access to compliance requirements of the facility's activities, products, and services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sections 7.3	Does the organization communicate relevant information on compliance obligations and other requirements to employees? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6.1.3	Have NEPA mitigation activities been addressed? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6.1.3	Have any agreements (e.g., consent agreements) with public authorities been signed that have an effect on the environmental impact of the facility's processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Objectives, Targets, and Programs

Section 6.2.1	Have mission needs been taken into account in the development of objectives and targets? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6.2.1	Does the organization have a structure of communication that will ensure key contributors/organizations are aware of the facility's objectives and targets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6.2.2	Does the environmental management planning process involve all responsible parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6.2.2	Are requirements (as related to objectives, targets, and programs) communicated throughout the organization? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resources, Roles, Responsibility, and Authority

Section 7.1	Does the organization identify and allocate the human, technical, and financial resources necessary to meet its environmental objectives and targets, including those for new projects? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 5.3	Does the organization track the costs and benefits of environmental activities? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 5.3	What is the relationship between environmental responsibility and individual performance?			
Section 5.3	Is the relationship between environmental responsibility and individual performance periodically reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 5.3	Has an ISO Environmental Management Representative been assigned the day-to-day management functions? If yes: How was the appointment communicated to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Competence, Training, and Awareness

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
Section 7.3	Has top management established, reinforced, and communicated organizational commitment to the environmental policy? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.2	Does the installation identify competence training needs? If yes How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.2	Do housing areas contribute to a significant aspect? If yes: How are personnel in housing trained (e.g., recycling goals, prohibited disposal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.2	Do you ensure contractors and subcontractors are properly trained in environmental areas? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.2	Does the installation ensure that training continues to reflect changing data, policies, and objectives and targets or regulations? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication

Section 7.4.1	Has a process been established for communicating the organization's environmental policy and performance? If yes: Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.4.2	Is it clear how information is communicated across the different functions and levels within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.4.1	Does the organization meet with its counterparts if under realignment (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.4.1	Does the organization's communication strategy appear to be effective? What evidence exists to support this conclusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.4.2	Are your internal environmental communications used to: Demonstrate management commitment to the environmental policy and objectives? Answer questions and concerns about the facility's activities, products, and services and their environmental impacts? Increase awareness internally about the organization's policy, objectives, targets, and programs? Identify roles and responsibilities and authorities of key staff members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.4.2	Is internal communication adequate to support continual improvement around environmental issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.4.2	Does the installation communicate environmental performance data internally, whenever appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.2.2	Are results of the EMS and compliance audits and reviews communicated to affected organizations? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.4.3	Have you considered voluntary reporting of environmental management and performance information to the general public? If yes: Have you recorded the decision on this matter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:

Documentation

		Yes	No	NA
Section 7.5.1	Are environmental management procedures identified, documented, communicated, and revised? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sections 7.5.3	Do employees access EMS documentation needed to conduct their job activities? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.3	Have procedures been established that provide direction on where to obtain information on the operation of specific parts of the EMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.1	Does the facility integrate EMS documentation with documentation of other systems the facility has implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control of Documents

Section 7.5.3	Are procedures established and implemented to approve documents before use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.3	Are mechanisms used to communicate changes to controlled documents? If yes: What?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.3	Does the installation keep track of who has a controlled document? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.3	Is there a distribution list for controlled documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.3	Is there a person authorized to: Create documents? If yes: Who? Review documents? If yes: Who? Authorize documents? If yes: Who?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operational Control

Section 8.1	Are operational controls reviewed? If yes: How often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 8.1	Has the facility documented standard operating procedures where their absence could lead to deviation from the environmental policy (compliance) and objectives and targets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6.1.2	Have all functions, activities, and processes been identified that have significant environmental impact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 8.1	Have operational controls been identified for all these instances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:

Emergency Preparedness and Response

		<u>Yes</u>	<u>No</u>	<u>NA</u>
Section 8.2	Has the facility compared its documented contingency plan and/or risk management program with the ISO 14001 requirements for these procedures (i.e., is there a system for reviewing and revising existing plans)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 8.2	Have employees been trained on how to respond to accidents or emergency situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 8.2	Has the facility coordinated with emergency services such as medical, fire departments, and hazardous material teams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monitoring and Measurement

Section 9.1.1	Is environmental performance regularly monitored? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.1.1	Does the installation know what type of instrumentation requires calibration and the calibration frequency? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.1.1	Are control processes in place to regularly calibrate and sample measuring and monitoring equipment and systems? If yes: What type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.1.1	Has the installation established methods to calibrate monitoring equipment, making sure testing and monitoring equipment are working properly and the data is reliable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.1.1	Has the installation established procedures and installed equipment to monitor the process characteristics that can have a significant environmental impact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.1.1	Do the monitoring procedures enable the facility to measure its performance against its objectives and targets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.1.1	Are monitored indicators linked with the objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation of Compliance

Section 9.1.2	Does the installation have implemented procedures for periodically evaluating compliance with applicable legal requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.1.2	Is there a person responsible for performing compliance checks? If yes: Who?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nonconformity, Corrective Action, and Preventive Actions

Section 10.2	Does the facility have a system in place to review effectiveness of corrective and preventive actions and make changes when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 10.2	Does the facility implement and record any changes in the documented procedures resulting from corrective and preventive actions? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:

Control of Records

		Yes	No	NA
Section 7.5.3	Does the organization have the capability to identify and track key indicators of performance and other data necessary to achieve its objectives? If yes: What are these capabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.3	Do these records help measure the extent to which the facility has met its objectives and targets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.3	Are procedures for control of records implemented and maintained? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.3	Is there a person responsible for maintaining the procedures for environmental records? If yes, who?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.3	Are the records readily retrievable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7.5.3	Have the record retention times been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internal Audit

Section 9.2.2	Does the facility have a system in place to periodically audit the EMS itself, as opposed to compliance audits? If yes: Who does this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.2.2	Does the facility make sure to alter, if necessary, the audit procedure, subject areas covered, and frequency, based on the results of previous EMS audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.2.2	Do the people involved with implementing each core element of the EMS participate in these audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.2.2	Is there a person responsible for arranging periodic EMS audits? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sections 9.2.2	Are audits documented? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.2.2	Have previous EMS audit results been provided to management? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Management Review

Section 9.3	Is the EMS periodically reviewed? If yes: What is the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	What is the frequency for complete reviews (Note: It can be done in parts as long as the entire system is reviewed annually)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.3	Did the installation have a management review meeting? If yes: Who was present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there meeting agendas/meeting minutes available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do meeting minutes include all of the management review criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:

Management Review (cont.)

		<u>Yes</u>	<u>No</u>	<u>NA</u>
Sections 9.3	Is management made aware of audit results (both EMS and compliance audits)? If yes: How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9.3	When (e.g., during the management review)?			
	Does the review include:			
	The sustainability of the environmental policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is it comprehensive enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does it still stake the facility to continuous improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has it become obsolete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Whether the objectives and targets still up-to-date and relevant to the organization's current activities, processes, and products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Follow-up actions from previous management reviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Whether the EMS audits take place frequently enough and cover the right areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Whether the training system is properly implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any recommendations for improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Whether the facility is making adequate progress concerning environmental indicators (e.g., objectives and targets)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:

**THIS PAGE LEFT
INTENTIONALLY BLANK**



Appendix D.3
DLA Energy Safety Checklist

**THIS PAGE LEFT
INTENTIONALLY BLANK**



DLA Energy Safety Checklist

General Facility Information

Interviewer:

Date:

Facility Name:

Site Location:

County:

Physical Address:

Mailing Address:

U.S. EPA Region:

USCG District:

Facility Contact

Name:

Title:

Phone:

Email:

Cellular/Pager:

Facility Description

Check all those that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Aboveground storage tanks (ASTs) | <input type="checkbox"/> Aircraft fueling | <input type="checkbox"/> Site remediation |
| <input type="checkbox"/> Underground storage tanks (USTs) | <input type="checkbox"/> Aboveground piping | <input type="checkbox"/> Septic tank or drain field |
| <input type="checkbox"/> Truck/tanker loading and unloading | <input type="checkbox"/> Underground piping | <input type="checkbox"/> Surface water impoundments or ponds |
| <input type="checkbox"/> Rail loading and unloading | <input type="checkbox"/> Off-site or cross-country piping | <input type="checkbox"/> Potable water well |
| <input type="checkbox"/> Marine terminal | <input type="checkbox"/> Oil/water separator(s) | <input type="checkbox"/> Municipal water supply |
| <input type="checkbox"/> Vehicle fueling or defueling | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Underground injection control (UIC) well |

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



DLA Energy Safety Checklist

Facility Description

Contractor Name: _____ Full-time Equivalent _____

Actual Property Owner: _____ Total Facility Size (acreage): _____

Facility Operating Hours Mon.-Fri.: _____ Sat.: _____ Sun.: _____

Has the facility recently modified or constructed new equipment? What improvements or changes to the facility are planned?

What are the facility's Standard Industrial Classification (SIC) codes?

What are the facility's North American Industry Classification System (NAICS) codes?

General Recordkeeping

	<u>Yes</u>	<u>No</u>	<u>NA</u>
Are safety records kept in a central file? If yes: Where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is access to safety records adequately controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are safety records maintained in an orderly fashion? If yes: Where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employee medical and exposure records kept in a central file? If yes: Where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is access to medical and exposure records adequately controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have employees been notified of their right to access their medical and exposure records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employee health and safety training records kept in a central file? If yes: Where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility staff have access to applicable federal, state, and local regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the appropriate OSHA posters placed in a conspicuous location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1904.32(a) Is a log and summary of all recordable occupational injuries and illnesses (OSHA Form 300) properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are OSHA logs retained for at least 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the annual summary of injuries and illnesses posted from February 1 through April 30 in a conspicuous location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Safety Plans and Permits

Safety Management Plans

Does the facility have any of the following plans:		<u>Date Last Revised</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
29 CFR 1910.38	Emergency Action Plan or Fire Prevention Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1200	Written Hazardous Communication Program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.95	Hearing Conservation Program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.134	Written Respiratory Protection Program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.146	Written Permit–required Confined Space Entry Program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.147	Written Lockout/Tagout Program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1450	Chemical Hygiene Plan for Laboratory Operations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other					

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Safety

Security Systems

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Is the facility enclosed with a fence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there means to control entry through entrances? (e.g., attendant, television monitors, locked gates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housekeeping

29 CFR 1910.22(a)	Are work areas clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.23	Are permanent and portable ladders and rungs clean and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.22	Are portable ladders securely stored when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.141(a)(3)(ii)	Are spilled materials or liquids cleaned up immediately (e.g., no visible stains or other visual indications of long-standing spills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are miscellaneous equipment and scrap metal (e.g., pumps, drums, hoses, piping, etc.) secured in a storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the grounds well maintained and free of litter, debris, and scrap equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire Protection

	Are employees familiar with the "No Smoking" policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.157(c)(1) & (d) and 1910.106(e) (5)	Are fire extinguishers provided in adequate number and type, and readily accessible to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.157(e)	Are portable fire extinguishers visually inspected on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.157(e)	Are portable fire extinguishers inspected annually, recharged, and noted on the inspection tag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.157(f)	Has fire extinguisher hydrostatic testing been performed after repairs, corrosion, or damage to the shell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.158(e)	Are water hoses and nozzles inspected annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.159(c)	Have automatic sprinkler systems been tested annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.165(d)	Are employee warning alarm devices or systems tested every 2 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.160-.163	Does the facility have fixed fire extinguishing systems (e.g., dry chemical, gaseous agents, or foam)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.160(b)(6)	Is the fixed system inspected annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.160(b)(9)	Are extinguishing material containers inspected semiannually and recorded on the containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.160(b)(5)	Are there hazard warning signs at the entrance to areas with fixed fire extinguishing systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.38 and 29 CFR 1910.39	Is there an Emergency Action Plan and/or Fire Prevention Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Safety (cont.)

First Aid

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
29 CFR 1910.151(b)	Are first aid kits easily accessible to each work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.151(b)	Are first aid kit supplies periodically inspected and replenished as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.151(c)	Are emergency eye wash and shower facilities within the immediate work area where employees are exposed to injurious corrosive materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1030(d)(3)	Is bloodborne pathogen personal protective equipment (PPE) readily available where there is a potential for exposure (i.e., first aid providers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical Safety

29 CFR 1910.147(c)(4)	Does the facility have written procedures for the use of lockout/tagout devices to repair or perform service for each machine and piece of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.147(c)(7)	Have employees been trained to recognize hazardous energy sources and the proper lockout/tagout safeguards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.147(c)(6)	Are annual inspections of lockout/tagout procedures conducted to verify effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.303(f)	Are service feeders and circuits (breakers and switches) labeled at their disconnect (panel or switch) indicating what they control if the function or purpose is not obvious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.305(b)(3)(iii)	Are electrical cabinets and doors for systems >600 volts marked "High Voltage"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confined-space Entry

29 CFR 1910.146(g)	Have personnel received confined-space entry training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.146(c)	Are danger signs posted near confined spaces that pose a potential or actual safety or health hazard (permit-required)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do DLA Energy employees enter permit-required confined spaces? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.146(d)(4)	Is forced air ventilation equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.146(d)(4)	Are oxygen meters, combustible gas indicators, and toxic gas meters available and calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.146(d)(4)	Are communication equipment, harnesses, lighting, and rescue and emergency equipment available and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.146(d)(14)	Is the written permit-required confined-space entry program reviewed annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.146(k)	Are practice confined-space rescue operations conducted and evaluated annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Safety (cont.)

Laboratory Safety

		Yes	No	N/A
29 CFR 1910.1450(e)	Does the laboratory have a written Chemical Hygiene Plan containing standard operating procedures and hazard control measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1450(f)	Are lab employees trained on the details of the Chemical Hygiene Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1450(h)(1)(ii)	Are SDSs available for all fuels and chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the DLA Energy Laboratory Safety Standard available? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the government quality assurance representative (QAR) familiar with it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 45 Chapter 6, 29 CFR 1910.1450 Appendix A	Is there adequate ventilation in the lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1450(e)(3)(iii)	Are there properly functioning fume hoods? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 45 Chapter 6	When was the last fume hood inspection?			
NFPA 45 Chapter 4	Does the laboratory have a fire extinguisher or fire protection system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 45 Chapter 7	Does the lab have sufficient flammable liquid storage? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1450 Appendix A	Are stored chemicals examined periodically (at least annually) for replacement, deterioration, and container integrity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1450 Appendix A	Are acids and incompatible chemicals stored separately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 70 Article 501	Is the laboratory equipped with explosion-proof electrical equipment within 4 feet of the floors and 18 inches of the countertops?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 45 Chapter 9	Is the refrigerator explosion proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 45 Chapter 9	Is the refrigerator marked whether it meets the requirements for safe storage of flammable liquids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 45 Chapter 9	Is the filtration apparatus properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1450 Appendix A	Is the lab equipped with an emergency eyewash and shower that are in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are emergency eyewash and showers maintained in accordance with ANSI Z358.1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 45 Chapter 8	Are pressurized cylinders secured to prevent falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1450 Appendix A	Is the lab clean and uncluttered with chemicals and equipment properly labeled and stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Emergency Response Preparation

Occupational Safety

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
29 CFR 1910.1200	Have employees been informed of the hazardous chemicals in their work area under the Hazard Communication Training Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1200	Have all employees been trained on the new labels and SDS in the hazard communications program based on the United Nations Globally Harmonized System (GHS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.151	Is someone adequately trained to render basic first aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1030(f)(1)	Have designated first aid providers been trained in universal precautions for bloodborne pathogens and offered Hepatitis B vaccinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do DLA Energy staff/contractors respond to clean up spills of hazardous substances? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.120(e)	Have emergency responders received 40 hours of initial HAZWOPER training and 8 hours annually afterward before they are allowed to engage in cleanup operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.120(f)	Have emergency responders received annual respirator fit testing, medical exams, and respirator training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.120(c)(6)	Do responders know how to calibrate and operate organic vapor analyzers, oxygen meters, and combustible gas indicators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.120 Appendix C and NFPA 471 and 472	Have any personnel completed the National Fire Protection Association (NFPA) Competent Person course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Government Quality Assurance Representative

29 CFR 1910, Subpart I	Are government Quality Assurance Representatives (QARs) (sometimes called quality surveillance representatives) provided with PPE as follows:			
29 CFR 1910.136	Safety shoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.133	Eye/face protection or splash goggles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.135	Head protection (e.g., hard hat)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.138	Butyl rubber gloves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.95	Hearing protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.134	Air purifying respirator with organic vapor cartridges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the QAR been trained in the proper use of the PPE listed above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the QAR been provided an oxygen meter, combustible gas indicator, toxic gas monitor, and organic vapor analyzer? If yes, then:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the QAR know how to operate and calibrate the oxygen meter, combustible gas indicator, toxic gas monitor, and organic vapor analyzer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.120	Has the QAR received 40 hours of initial HAZWOPER training and 8 hours annually thereafter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 CFR 1910.120 & 134	Has the QAR received annual respirator fit testing, respirator training, and medical exams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 CFR 1910.95	Has the QAR received annual audiometric testing?			
20 CFR 1910.1200	Has the QAR completed Hazard Communication training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 172.700	Has the QAR completed HAZMAT training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Chemical and Material Handling

Hazard Communication Program

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
29 CFR 1910.1200 (e)(1)(i)	Does the facility maintain a list or inventory of all chemicals received, processed, or stored at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1200 (g)	Are SDSs readily available for all chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1200(f)(5)	Are all containers properly labeled with the chemical name and hazard warning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.1200(b)(4)	Are chemical containers closed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Flammable Liquids¹

29 CFR 1910.106(d)(2)	Are fire-resistant, covered containers and portable tanks used for the storage and handling of flammable liquids (e.g., is gasoline kept in approved safety cans)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(d)(2)(ii)	Are portable storage tanks (<660 gallons) equipped with emergency venting that will relieve excessive internal pressure caused by fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(d)(5)(iii)	Are flammable liquids kept in closed metal container stored in storage cabinets or in safety cans inside storage rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(d)(3)(ii)	Are storage cabinets used to hold flammable liquids labeled "Flammable – Keep Fire Away"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(d)(7)(iii) & 1910.106(e)(6)	Are flammable liquid storage areas identified as "No Smoking" areas, and are sources of ignition such as welding, sparks, and radiant heat prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(d)(7)(iv)	Are water-reactive materials kept out of flammable liquid storage rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(3)(vi)	Are containers of Class I flammable liquids grounded or bonded during dispensing or filling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(1)(iii)	Are firm separators placed between containers of flammable liquids when stacked on one another to ensure their support and stability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are flammable liquids stored in a building having a basement or pit where vapors may collect? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(2)(iii)	Is there adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹State Fire Codes often have additional requirements. *Flammable liquid* means any liquid having a flashpoint at or below 199.4°F (93°C)

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Industrial Equipment

Powered Industrial Trucks

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
29 CFR 1910.178	Do employees operate powered industrial trucks on-site (e.g., forklifts, tractors, platform lift trucks, motorized hand trucks, or other specialized industrial trucks powered by electric or internal combustion motors)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.178(l)(2)	Have employees received both formal instruction and practical training prior to being permitted to operate a powered industrial truck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.178(l)(4)	Is each powered industrial truck operator's performance evaluated at least once every 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.178(q)(7)	Is a daily inspection conducted and documented by the equipment operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.178(a)(4)	Are modifications and additions that could affect the capacity and safe operation of the equipment only performed with the manufacturer's prior written approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.178(n)(4)	Do drivers slow down and sound horns at cross aisles and other locations where vision is obstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.178(m)(7)	Are trailer brakes set and chocks in place prior to loading/unloading with industrial vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cranes and Hoists

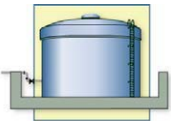
	Does the facility have overhead hoists/cranes? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.179(b)(5)	Is the load rating plainly marked on each side of each overhead hoist/crane?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.179(j)(2)	Are daily hoist/crane inspections/observations conducted before use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.179(j)(3)	Are detailed hoist/crane inspections conducted at least annually (including all periodic inspection criteria stated in the standard)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Aboveground Storage Tanks and Pipelines

Tank Description

Are there any ASTs on-site? If yes, complete the following: Yes No N/A

Tank Name, Number, or Location	Tank Material	Capacity (gallons)	Date Installed	Material Stored	Vapor Pressure of Material Stored (psia)

- | | | | | |
|-----------------------------------|--|--------------------------|--------------------------|--------------------------|
| 29 CFR 1910.22(c) | Are guardrails warranted on tanks and are they adequate to protect workers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 CFR 1910.1200(f)(6) | Are ASTs that contain hazardous materials labeled with the chemical name and hazard warning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 CFR 1910.106(b)(2) (vii)(c)(6) | Was any flammable material observed within the containment area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Above Ground On-Site Pipelines

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
| Are there aboveground pipelines? If yes: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have any pipelines been repaired? If yes: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When? | | | |
| Are there expansion relief valves that bleed over-pressurized product back to the tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there emergency shutoff valves or impact valves in the pipeline (sometimes at the tank or product dispenser)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 CFR 1910.106(c)(3) | | | |
| Are flammable liquid pipe joints vapor- and liquid-tight? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there line leak detectors or alarms that indicate leaks in the lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there other leak detection methods employed (tightness testing, soil vapor monitoring, groundwater monitoring, interstitial monitoring, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Fuel Dispensing

Fuel Loading and Unloading Areas

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
	Do loading areas have roofs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(7)	Are there means of preventing flammable liquids spilled at loading and unloading points from entering sewers and drainage systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(6)	Are "No Smoking" signs posted and ignition sources prohibited where flammable liquids are handled, drawn, or dispensed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1910.106(h)(7)(iii)	Are electrical installations explosion proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(3)(iv)	Are grounding and bonding cables for flammable liquids in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(e)(9)(iv)	Is the area near flammable liquid operations kept free of weeds, trash, and combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Marine Terminal or Pier Facilities

29 CFR 1910.106(f)(4)	Do pier loading pumps carrying flammable liquids have means to protect against excessive pressure (e.g., bypasses, relief valves)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(4)	Are pier pressure hoses and couplings inspected regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(4)	Are grounding/bonding cables inspected and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(4)	Are fire extinguishers located within 75 feet of hose connections, pumps, and separator tanks at the pier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 CFR 1910.106(f)(6)	Are "No Smoking" signs posted and ignition sources prohibited where flammable liquids are handled, drawn, or dispensed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS:



Enforcement Actions

Agency Inspections

Yes **No** **N/A**

Has the facility received any OSHA citations in the past 3 years?

Have any health or safety agency representatives inspected the facility in the past 3 years? If yes, complete the following:

Agency	Date of Visit	Inspector's Name	Issues Identified

COMMENTS:

FACILITY NAME:

DATE:

INTERVIEWER INITIALS: