

MERCURY STORAGE FACILITY
INSPECTION REPORT

DATE: 10/13/16

FACILITY ID: HWAD 110-52

CRITICAL DEFICIENCIES = A MAJOR DEFICIENCIES = B

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE | <input type="checkbox"/> B1 PORTABLE DOCK (If present) |
| <input type="checkbox"/> A2 EVIDENCE OF LEAKING | <input type="checkbox"/> B2 RECORDS MISMATCH |
| <input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL | <input type="checkbox"/> B3 ITEM LOCATION MISMATCH |
| <input type="checkbox"/> A4 PACKAGING | <input type="checkbox"/> B4 INVENTORY RECORD CARD
MISMATCH/INCOMPLETE, UNAUTHORIZED QTY
ADJUSTMENT |
| <input type="checkbox"/> A5 MARKINGS | <input type="checkbox"/> B5 HOUSEKEEPING |
| <input type="checkbox"/> A6 STORAGE CONFIGURATION | |

CRITICAL DEFICIENCIES = AD FACILITIES MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD

- | | |
|--|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED |
| <input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS | <input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION |
| <input checked="" type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE | <input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE |
| <input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD | <input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY |
| <input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH | <input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens |
| <input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION | <input type="checkbox"/> CD2 EXCESSIVE VEGETATION |
| <input type="checkbox"/> AD7 HOLES IN THE ROOF | <input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK |
| <input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS |
| | <input type="checkbox"/> NO DEFICIENCIES NOTED |

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

First row of Terrain p floor has excessive lifting & cracking

Keelo Mathews 10/13/16
DLA SIGNATURE/DATE

[Signature] 1500516
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity <p style="text-align: center;">Quarterly Inspection of Mercury Storage Areas</p>	3. Serial No. <u>1</u> 4. ID NO. N/A
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D	A. LAST	6. Type of Storage							
A	<u>7-26-16</u>	Storage							
T	B. THIS	and Specific Warehouse location:							
E	<u>10-13-16</u>	Depot Area Open Storage Area:							
			Warehouse: <u>110-52</u>						

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
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INSPECTION AREA		(Check and complete. Explain negative responses)		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual			X	
	B. Storage Facilities Are Maintained in Good Order			X	
9. MATERIAL	A. Material Is Stored in the Manner Prescribed in the Storage Manual			X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion			X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted			N/A	
	B. Depot Postings are: Last RR No. _____ Date _____ OSR No _____ Dated _____			N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count			X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements			X	
	A. Material is Stored in Proper Containers (Check only if applicable)			X	
13. CONTAINERS, PILES, OR OTHER UNITS	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual			X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I	(2) CLASS II	(3) CLASS III	
		N/A	N/A	N/A	

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc.)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT NET WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	7462	719,112
	30 Gal								
							Total Pallets		
							316		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.

Jerome 505 Mercury Vapor testing conducted by the undersigned.

Total Inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil	
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil	
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil	
	SOC Environmental DIV	<input checked="" type="checkbox"/>		<input type="checkbox"/> OTHER

18. NAME OF INSPECTOR (Type or Print) <u>Robert Mathias</u>	18A. SIGNATURE <u>Robert Mathias</u>	18 B. DATE OF SIGNATURE <u>10/13/16</u>
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Location: Hawthorne, NV

Quarter 1

Date of Inspection: 10-13-14
Inspector: Mathias

Air Monitoring Instrument: _____ Make: Jerome Model: 505

Whse/110- # Readings: 30 Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m3 and lowest 0.0mg/m3. DNSC action level for mercury vapor presence is 25mg/m3. Action level for OSHA is 100 mg/m3. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks: _____

MERCURY STORAGE FACILITY
INSPECTION REPORT

DATE: 10/13/16

FACILITY ID: HWAD 110-66

CRITICAL DEFICIENCIES = A MAJOR DEFICIENCIES = B

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE | <input type="checkbox"/> B1 PORTABLE DOCK (If present) |
| <input type="checkbox"/> A2 EVIDENCE OF LEAKING | <input type="checkbox"/> B2 RECORDS MISMATCH |
| <input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL | <input type="checkbox"/> B3 ITEM LOCATION MISMATCH |
| <input type="checkbox"/> A4 PACKAGING | <input type="checkbox"/> B4 INVENTORY RECORD CARD
MISMATCH/INCOMPLETE, UNAUTHORIZED QTY
ADJUSTMENT |
| <input type="checkbox"/> A5 MARKINGS | <input type="checkbox"/> B5 HOUSEKEEPING |
| <input type="checkbox"/> A6 STORAGE CONFIGURATION | |

CRITICAL DEFICIENCIES = AD FACILITIES MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD

- | | |
|--|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED |
| <input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS | <input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION |
| <input checked="" type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE | <input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE |
| <input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD | <input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY |
| <input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH | <input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens |
| <input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION | <input type="checkbox"/> CD2 EXCESSIVE VEGETATION |
| <input type="checkbox"/> AD7 HOLES IN THE ROOF | <input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK |
| <input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS |
| | <input type="checkbox"/> NO DEFICIENCIES NOTED |

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

TERRAZO floor is lifting & cracking

[Signature]
DLA SIGNATURE/DATE

[Signature] 150076
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV		2. Name and Type of Commodity Quarterly Inspection of Mercury Storage Areas		3. Serial No. 1
				4. ID NO. N/A

D	A. LAST	6. Type of Storage and Specific Warehouse location: Depot Area Open Storage Area:	Warehouse: <u>110-66</u>
A	<u>7-26-16</u>		
T	B. THIS		
E	<u>10-13-16</u>		

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor		7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
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INSPECTION AREA (Check and complete. Explain negative responses)		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored In the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A (3) CLASS III N/A

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc.)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT NET WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A		
	30 Gal								
							TotalPallets		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.
 Jerome 505 Mercury Vapor testing conducted by the undersigned.
 Total Inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil
	SOC Environmental DIV	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	OTHER

18. NAME OF INSPECTOR (Type or Print) ROB MATHIAS	18A. SIGNATURE <i>Rob Mathias</i>	18 B. DATE OF SIGNATURE 10/13/16
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Location: Hawthorne, NV

Quarter 1

Date of Inspection: 10-13-14

Inspector: Mathias

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whsc/110-64

Readings: 30

Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m³ and lowest 0.0mg/m³. DNSC action level for mercury vapor presence is 25mg/m³. Action level for OSHA is 100 mg/m³. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks:

**MERCURY STORAGE FACILITY
INSPECTION REPORT**

DATE: 10/13/16

FACILITY ID: HWAD 110-77

CRITICAL DEFICIENCIES = A **MAJOR DEFICIENCIES = B**

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE
<input type="checkbox"/> A2 EVIDENCE OF LEAKING
<input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL
<input type="checkbox"/> A4 PACKAGING
<input type="checkbox"/> A5 MARKINGS
<input type="checkbox"/> A6 STORAGE CONFIGURATION | <input type="checkbox"/> B1 PORTABLE DOCK (If present)
<input type="checkbox"/> B2 RECORDS MISMATCH
<input type="checkbox"/> B3 ITEM LOCATION MISMATCH
<input type="checkbox"/> B4 INVENTORY RECORD CARD MISMATCH/INCOMPLETE, UNAUTHORIZED QTY ADJUSTMENT
<input type="checkbox"/> B5 HOUSEKEEPING |
|--|--|

CRITICAL DEFICIENCIES = AD **FACILITIES**
MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD

- | | |
|---|--|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS
<input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS
<input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE
<input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD
<input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH
<input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION
<input type="checkbox"/> AD7 HOLES IN THE ROOF
<input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED
<input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION
<input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE
<input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY
<input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens
<input type="checkbox"/> CD2 EXCESSIVE VEGETATION
<input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK
<input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS
<input type="checkbox"/> NO DEFICIENCIES NOTED |
|---|--|

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

TERANAP floor is lifting & cracking

Rob Matthews 10/13/16
DLA SIGNATURE/DATE

DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity Quarterly Inspection of Mercury Storage Areas	3. Serial No. 1
		4. ID NO. N/A

D	A. LAST 7-26-16	6. Type of Storage	
A	B. THIS	and Specific Warehouse location:	Warehouse: 110-77
T	10-13-16	Depot Area Open Storage Area:	
E			

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
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INSPECTION AREA		(Check and complete. Explain negative responses)		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual			X	
	B. Storage Facilities Are Maintained in Good Order			X	
9. MATERIAL	A. Material Is Stored in the Manner Prescribed in the Storage Manual			X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion			X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted			N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated			N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count			X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements			X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)			X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual			X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A	(3) CLASS III N/A	

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc.)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9480	720,480
	30 Gal								
							Total Pallets		
							316		

15. REMARKS (Review all other appropriate questions contained in "guide for the Inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.

Jerome 505 Mercury Vapor testing conducted by the undersigned.

Total Inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority)

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil	
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil	
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil	
	SOC Environmental DIV	<input checked="" type="checkbox"/>		<input type="checkbox"/> OTHER

18. NAME OF INSPECTOR (Type or Print) ROB MATHIAS	18A. SIGNATURE 	18 B. DATE OF SIGNATURE 10/13/16
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Location: Hawthorne, NV

Quarter 1

Date of Inspection: 10-13-16

Inspector: Mathias

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whsc/110- 77

Readings : 30

Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m3 and lowest 0.0mg/m3. DNSC action level for mercury vapor presence is 25mg/m3. Action level for OSHA is 100 mg/m3. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks:

**MERCURY STORAGE FACILITY
INSPECTION REPORT**

DATE: 10/13/16

FACILITY ID: HWAD 110-78

CRITICAL DEFICIENCIES = A **MAJOR DEFICIENCIES = B**

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE | <input type="checkbox"/> B1 PORTABLE DOCK (If present) |
| <input type="checkbox"/> A2 EVIDENCE OF LEAKING | <input type="checkbox"/> B2 RECORDS MISMATCH |
| <input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL | <input type="checkbox"/> B3 ITEM LOCATION MISMATCH |
| <input type="checkbox"/> A4 PACKAGING | <input type="checkbox"/> B4 INVENTORY RECORD CARD
MISMATCH/INCOMPLETE, UNAUTHORIZED QTY
ADJUSTMENT |
| <input type="checkbox"/> A5 MARKINGS | <input type="checkbox"/> B5 HOUSEKEEPING |
| <input type="checkbox"/> A6 STORAGE CONFIGURATION | |

CRITICAL DEFICIENCIES = AD **FACILITIES**
MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD

- | | |
|--|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED |
| <input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS | <input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION |
| <input checked="" type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE | <input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE |
| <input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD | <input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY |
| <input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH | <input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens |
| <input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION | <input type="checkbox"/> CD2 EXCESSIVE VEGETATION |
| <input type="checkbox"/> AD7 HOLES IN THE ROOF | <input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK |
| <input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS |
| | <input type="checkbox"/> NO DEFICIENCIES NOTED |

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

TERMAP LICKING AND CRACKING

Rob Mattheas 10/13/16
DLA SIGNATURE/DATE

[Signature]
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity <p style="text-align: center;">Quarterly Inspection of Mercury Storage Areas</p>	3. Serial No. 1 4. ID NO. N/A
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D	A. LAST	6. Type of	and Specific Warehouse location: Depot Area Open Storage Area:
A	7-26-16	Storage	
T	B. THIS		
E	10-13-14		

Warehouse: **110-78**

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
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INSPECTION AREA		(Check and complete. Explain negative responses)			YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual				X	
	B. Storage Facilities Are Maintained in Good Order				X	
9. MATERIAL	A. Material Is Stored In the Manner Prescribed in the Storage Manual				X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion				X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted				N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated				N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count				X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements				X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)				X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual				X	
	C. Condition of Containers (Give exact number in Class III under remarks)				(1) CLASS I N/A	(2) CLASS II N/A

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc..)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT NET WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9480	720,480
	30 Gal								
							Total Pallets		
							316		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.
 Jerome 505 Mercury Vapor testing conducted by the undersigned.
 Total Inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil
	SOC Environmental DIV	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	OTHER

18. NAME OF INSPECTOR (Type or Print) ROB MATHIAS	18A. SIGNATURE <i>Rob Mathias</i>	18 B. DATE OF SIGNATURE 10/13/16
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Location: Hawthorne, NV

Quarter 1

Date of Inspection: 10/13/16
Inspector: [Signature]

Air Monitoring Instrument: _____ Make: Jerome Model: 505

Whse/110- 78 # Readings : 30 Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m3 and lowest 0.0mg/m3. DNSC action level for mercury vapor presence is 25mg/m3. Action level for OSHA is 100 mg/m3. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks: _____

**MERCURY STORAGE FACILITY
INSPECTION REPORT**

DATE: 10/13/16

FACILITY ID: HWAD 110-87

CRITICAL DEFICIENCIES = A	MAJOR DEFICIENCIES = B
<input type="checkbox"/> A1 SAFETY IN STORAGE	<input type="checkbox"/> B1 PORTABLE DOCK (If present)
<input type="checkbox"/> A2 EVIDENCE OF LEAKING	<input type="checkbox"/> B2 RECORDS MISMATCH
<input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL	<input type="checkbox"/> B3 ITEM LOCATION MISMATCH
<input type="checkbox"/> A4 PACKAGING	<input type="checkbox"/> B4 INVENTORY RECORD CARD MISMATCH/INCOMPLETE, UNAUTHORIZED QTY ADJUSTMENT
<input type="checkbox"/> A5 MARKINGS	<input type="checkbox"/> B5 HOUSEKEEPING
<input type="checkbox"/> A6 STORAGE CONFIGURATION	

CRITICAL DEFICIENCIES = AD	FACILITIES MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD
<input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS	<input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED
<input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS	<input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION
<input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE	<input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE
<input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD	<input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY
<input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH	<input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens
<input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION	<input type="checkbox"/> CD2 EXCESSIVE VEGETATION
<input type="checkbox"/> AD7 HOLES IN THE ROOF	<input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK
<input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED	<input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS
	<input checked="" type="checkbox"/> NO DEFICIENCIES NOTED

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

Rob Maltus 10/13/16
DLA SIGNATURE/DATE

[Signature] 10/13/16
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity <p style="text-align: center;">Quarterly Inspection of Mercury Storage Areas</p>	3. Serial No. <u>1</u> 4. ID NO. N/A
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D	A. LAST	6. Type of	
A	<u>7-24-14</u>	Storage	
T	B. THIS	and Specific Warehouse location:	Warehouse: <u>110-87</u>
E	<u>10-13-14</u>	Depot Area Open Storage Area:	

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
--	--	----------------

INSPECTION AREA (Check and complete. Explain negative responses)		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored In the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A
			(3) CLASS III N/A

PRO-GRAM	Type (Pile, case, Ingot, bale etc.)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT NET WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9475	720,100
	30 Gal								
							Total Pallets		
							214		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.
 Jerome 505 Mercury Vapor testing conducted by the undersigned.
 Total inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil	
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil	
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil	
	SOC Environmental DIV	<input checked="" type="checkbox"/>		<input type="checkbox"/> OTHER

18. NAME OF INSPECTOR (Type or Print) Rob Mathias	18A. SIGNATURE <i>Rob Mathias</i>	18 B. DATE OF SIGNATURE 10/13/14
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Location: Hawthorne, NV

Quarter 1

Date of Inspection: 10/13/14
Inspector: Robert [Signature]

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whse/110- 87

Readings : 30

Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m3 and lowest 0.0mg/m3. DNSC action level for mercury vapor presence is 25mg/m3. Action level for OSHA is 100 mg/m3. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks: _____

**MERCURY STORAGE FACILITY
INSPECTION REPORT**

DATE: 10/13/16

FACILITY ID: HWAD 110-88

CRITICAL DEFICIENCIES = A	MAJOR DEFICIENCIES = B
---------------------------	------------------------

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE
<input type="checkbox"/> A2 EVIDENCE OF LEAKING
<input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL
<input type="checkbox"/> A4 PACKAGING
<input type="checkbox"/> A5 MARKINGS
<input type="checkbox"/> A6 STORAGE CONFIGURATION | <input type="checkbox"/> B1 PORTABLE DOCK (If present)
<input type="checkbox"/> B2 RECORDS MISMATCH
<input type="checkbox"/> B3 ITEM LOCATION MISMATCH
<input type="checkbox"/> B4 INVENTORY RECORD CARD
MISMATCH/INCOMPLETE, UNAUTHORIZED QTY
ADJUSTMENT
<input type="checkbox"/> B5 HOUSEKEEPING |
|--|--|

CRITICAL DEFICIENCIES = AD	FACILITIES MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD
----------------------------	---

- | | |
|---|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL
SYMBOLS
<input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS
<input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED,
TORN OR UNSERVICEABLE
<input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A
SIGNIFICANT HAZARD
<input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH
<input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE
OF DETERIORATION
<input type="checkbox"/> AD7 HOLES IN THE ROOF
<input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS
EVIDENCE OF CORROSION, INTRUSION OR IS
PHYSICALLY DAMAGED | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY
AND CANNOT BE SECURED
<input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION
<input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE
<input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT
WORKING PROPERLY
<input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing
hinges, cannot access/missing/damaged/defective vent screens
<input type="checkbox"/> CD2 EXCESSIVE VEGETATION
<input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK
<input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS
<input checked="" type="checkbox"/> NO DEFICIENCIES NOTED |
|---|---|

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

Robert Matthews 10/13/16
DLA SIGNATURE/DATE

[Signature] 15 OCT 16
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity Quarterly Inspection of Mercury Storage Areas	3. Serial No. 1
		4. ID NO. N/A

D	A. LAST	6. Type of Storage	Warehouse: 110-88
A	7-26-16		
T	B. THIS	and Specific Warehouse location:	
E	10-13-16	Depot Area Open Storage Area:	

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
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INSPECTION AREA (Check and complete. Explain negative responses)		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored in the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A (3) CLASS III N/A

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc.)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9480	720,480
	30 Gal								
							Total Pallets		
							316		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.

Jerome 505 Mercury Vapor testing conducted by the undersigned.

Total Inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil
	SOC Environmental DIV	<input checked="" type="checkbox"/>	
			<input type="checkbox"/> OTHER

18. NAME OF INSPECTOR (Type or Print) ROB MATHIAS	18A. SIGNATURE <i>Rob Mathias</i>	18 B. DATE OF SIGNATURE 10/13/16
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Location: Hawthorne, NV

Quarter 1

Date of Inspection: 10/13/16
Inspector: Rose Mathews

Air Monitoring Instrument: _____ Make: Jerome Model: 505

Whsc/110- 88 # Readings : 30 Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m3 and lowest 0.0mg/m3. DNSC action level for mercury vapor presence is 25mg/m3. Action level for OSHA is 100 mg/m3. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks: _____

**MERCURY STORAGE FACILITY
INSPECTION REPORT**

DATE: 10/13/16

FACILITY ID: HWAD 110-89

CRITICAL DEFICIENCIES = A	MAJOR DEFICIENCIES = B
---------------------------	------------------------

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE
<input type="checkbox"/> A2 EVIDENCE OF LEAKING
<input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL
<input type="checkbox"/> A4 PACKAGING
<input type="checkbox"/> A5 MARKINGS
<input type="checkbox"/> A6 STORAGE CONFIGURATION | <input type="checkbox"/> B1 PORTABLE DOCK (If present)
<input type="checkbox"/> B2 RECORDS MISMATCH
<input type="checkbox"/> B3 ITEM LOCATION MISMATCH
<input type="checkbox"/> B4 INVENTORY RECORD CARD MISMATCH/INCOMPLETE, UNAUTHORIZED QTY ADJUSTMENT
<input type="checkbox"/> B5 HOUSEKEEPING |
|--|--|

FACILITIES	
CRITICAL DEFICIENCIES = AD	MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD

- | | |
|---|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS
<input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS
<input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE
<input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD
<input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH
<input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION
<input type="checkbox"/> AD7 HOLES IN THE ROOF
<input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED
<input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION
<input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE
<input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY
<input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens
<input type="checkbox"/> CD2 EXCESSIVE VEGETATION
<input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK
<input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS
<input checked="" type="checkbox"/> NO DEFICIENCIES NOTED |
|---|---|

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

Rolo Matthes 10/13/16
DLA SIGNATURE/DATE

[Signature] 10/13/16
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity Quarterly Inspection of Mercury Storage Areas	3. Serial No. 1 4. ID NO. N/A
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D A T E	A. LAST 7-26-14 B. THIS 10-13-14	6. Type of Storage and Specific Warehouse location: Depot Area Open Storage Area: Warehouse: 110-89
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7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
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INSPECTION AREA <small>(Check and complete. Explain negative responses)</small>		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored In the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material Is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A
		(3) CLASS III N/A	

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM a.	Type (Pile, case, ingot, bale etc.) b.	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT NET WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9348	710,448
	30 Gal								
							Total Pallets		
							314		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.

Jerome 505 Mercury Vapor testing conducted by the undersigned.

Total Inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil
	SOC Environmental DIV	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	OTHER

18. NAME OF INSPECTOR (Type or Print) ROB Mathias	18A. SIGNATURE Rob Mathias	18 B. DATE OF SIGNATURE 10/13/14
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Location: Hawthorne, NV

Quarter 1

Date of Inspection: 10-13-16

Inspector: Mathias

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whse/110- 89

Readings: 30

Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m³ and lowest 0.0mg/m³. DNSC action level for mercury vapor presence is 25mg/m³. Action level for OSHA is 100 mg/m³. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks:

DATE: 10-13-16

MERCURY STORAGE FACILITY INSPECTION REPORT

FACILITY ID: HWAD 110-92

CRITICAL DEFICIENCIES = A **MAJOR DEFICIENCIES = B**

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE | <input type="checkbox"/> B1 PORTABLE DOCK (If present) |
| <input type="checkbox"/> A2 EVIDENCE OF LEAKING | <input type="checkbox"/> B2 RECORDS MISMATCH |
| <input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL | <input type="checkbox"/> B3 ITEM LOCATION MISMATCH |
| <input type="checkbox"/> A4 PACKAGING | <input type="checkbox"/> B4 INVENTORY RECORD CARD
MISMATCH/INCOMPLETE, UNAUTHORIZED QTY
ADJUSTMENT |
| <input type="checkbox"/> A5 MARKINGS | <input type="checkbox"/> B5 HOUSEKEEPING |
| <input type="checkbox"/> A6 STORAGE CONFIGURATION | |

CRITICAL DEFICIENCIES = AD **FACILITIES**
MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD

- | | |
|--|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED |
| <input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS | <input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION |
| <input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE | <input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE |
| <input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD | <input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY |
| <input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH | <input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens |
| <input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION | <input type="checkbox"/> CD2 EXCESSIVE VEGETATION |
| <input type="checkbox"/> AD7 HOLES IN THE ROOF | <input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK |
| <input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS |
| | <input checked="" type="checkbox"/> NO DEFICIENCIES NOTED |

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

Kolo Matthews 10/13/16
DLA SIGNATURE/DATE

[Signature] 10/13/16
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV		2. Name and Type of Commodity Quarterly Inspection of Mercury Storage Areas		3. Serial No. 1
D A T E	A. LAST 7-26-16 B. THIS 10-13-16	6. Type of Storage and Specific Warehouse location: Warehouse: 110-92		4. ID NO. N/A

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
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INSPECTION AREA (Check and complete. Explain negative responses)		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored in the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A (3) CLASS III N/A

PRO-GRAM	Type (Pile, case, ingot, bale etc.)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT NET WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9480	720,480
	30 Gal								
							TotalPallets		
							316		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.
 Jerome 505 Mercury Vapor testing conducted by the undersigned.
 Total inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil
	SOC Environmental DIV	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	OTHER

18. NAME OF INSPECTOR (Type or Print) ROBERT MATHIAS	18A. SIGNATURE [Signature]	18 B. DATE OF SIGNATURE 10/13/16
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Location: Hawthorne, NV

Quarter 1

Date of Inspection: 10/13/16
Inspector: Kyle Matthes

Air Monitoring Instrument: _____ Make: Jerome Model: 505

Whse/110- 92 # Readings: 30 Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m³ and lowest 0.0mg/m³. DNSC action level for mercury vapor presence is 25mg/m³. Action level for OSHA is 100 mg/m³. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks: _____

**MERCURY STORAGE FACILITY
INSPECTION REPORT**

DATE: 10/13/16

FACILITY ID: HWAD 110-93

CRITICAL DEFICIENCIES = A	MAJOR DEFICIENCIES = B
---------------------------	------------------------

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE
<input type="checkbox"/> A2 EVIDENCE OF LEAKING
<input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL
<input type="checkbox"/> A4 PACKAGING
<input type="checkbox"/> A5 MARKINGS
<input type="checkbox"/> A6 STORAGE CONFIGURATION | <input type="checkbox"/> B1 PORTABLE DOCK (If present)
<input type="checkbox"/> B2 RECORDS MISMATCH
<input type="checkbox"/> B3 ITEM LOCATION MISMATCH
<input type="checkbox"/> B4 INVENTORY RECORD CARD
MISMATCH/INCOMPLETE, UNAUTHORIZED QTY
ADJUSTMENT
<input type="checkbox"/> B5 HOUSEKEEPING |
|--|--|

CRITICAL DEFICIENCIES = AD	FACILITIES MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD
----------------------------	---

- | | |
|---|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL
SYMBOLS
<input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS
<input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED,
TORN OR UNSERVICEABLE
<input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A
SIGNIFICANT HAZARD
<input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH
<input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE
OF DETERIORATION
<input type="checkbox"/> AD7 HOLES IN THE ROOF
<input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS
EVIDENCE OF CORROSION, INTRUSION OR IS
PHYSICALLY DAMAGED | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY
AND CANNOT BE SECURED
<input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION
<input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE
<input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT
WORKING PROPERLY
<input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing
hinges, cannot access/missing/damaged/defective vent screens
<input type="checkbox"/> CD2 EXCESSIVE VEGETATION
<input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK
<input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS
<input checked="" type="checkbox"/> NO DEFICIENCIES NOTED |
|---|---|

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

Rob Malins 10/13/16
DLA SIGNATURE/DATE

[Signature] 10/13/16
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity Quarterly Inspection of Mercury Storage Areas	3. Serial No. 1
		4. ID NO. N/A

D	A. LAST	6. Type of Storage
A	7-20-16	
T	B. THIS	and Specific Warehouse location: Warehouse: 110-93
E	10-13-16	Depot Area Open Storage Area:

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
---	---	----------------

INSPECTION AREA (Check and complete. Explain negative responses)		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored in the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A (3) CLASS III N/A

PRO-GRAM	Type (Pile, case, ingot, bale etc.)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9474	NET WEIGHT POUNDS 720,024
	30 Gal								
							Total Pallets		
							316		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.

Jerome 505 Mercury Vapor testing conducted by the undersigned.

Total Inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil	
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil	
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil	
	SOC Environmental DIV	<input checked="" type="checkbox"/>		<input type="checkbox"/> OTHER

18. NAME OF INSPECTOR (Type or Print) ROB MATHIAS	18A. SIGNATURE <i>Rob Mathias</i>	18 B. DATE OF SIGNATURE 10/13/16
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Location: Hawthorne, NV

Quarter: 1

Date of Inspection: 10/13/16
Inspector: R. L. Maddox

Air Monitoring Instrument:

Make: Jerome Model: 505

Whse/110- 93

Readings: 30

Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m³ and lowest 0.0mg/m³. DNSC action level for mercury vapor presence is 25mg/m³. Action level for OSHA is 100 mg/m³. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks:

MERCURY STORAGE FACILITY
INSPECTION REPORT

FACILITY ID: HWAD 110-94

DATE: 10/13/16

CRITICAL DEFICIENCIES = A MAJOR DEFICIENCIES = B

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE | <input type="checkbox"/> B1 PORTABLE DOCK (If present) |
| <input type="checkbox"/> A2 EVIDENCE OF LEAKING | <input type="checkbox"/> B2 RECORDS MISMATCH |
| <input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL | <input type="checkbox"/> B3 ITEM LOCATION MISMATCH |
| <input type="checkbox"/> A4 PACKAGING | <input type="checkbox"/> B4 INVENTORY RECORD CARD
MISMATCH/INCOMPLETE, UNAUTHORIZED QTY
ADJUSTMENT |
| <input type="checkbox"/> A5 MARKINGS | <input type="checkbox"/> B5 HOUSEKEEPING |
| <input type="checkbox"/> A6 STORAGE CONFIGURATION | |

CRITICAL DEFICIENCIES = AD MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD

- | | |
|--|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED |
| <input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS | <input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION |
| <input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE | <input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE |
| <input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD | <input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY |
| <input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH | <input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens |
| <input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION | <input type="checkbox"/> CD2 EXCESSIVE VEGETATION |
| <input type="checkbox"/> AD7 HOLES IN THE ROOF | <input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK |
| <input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS |
| | <input checked="" type="checkbox"/> NO DEFICIENCIES NOTED |

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

Rob Mattias 10/13/16
DLA SIGNATURE/DATE

[Signature] 10/13/16
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity <p style="text-align: center;">Quarterly Inspection of Mercury Storage Areas</p>	3. Serial No. <u>1</u> 4. ID NO. N/A
---	--	---

D	A. LAST		6. Type of Storage						
A	<u>7-26-16</u>								
T	B. THIS		and Specific Warehouse location:						
E	<u>10-13-16</u>		Depot Area Open Storage Area:				Warehouse: <u>110-94</u>		

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
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INSPECTION AREA (Check and complete. Explain negative responses)		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored In the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A
			(3) CLASS III N/A

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc.)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT NET WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9430	710,680
	30 Gal								
							Total Pallets		
							316		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.

Jerome 505 Mercury Vapor testing conducted by the undersigned.

Total Inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil	
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil	
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil	
	SOC Environmental DIV	<input checked="" type="checkbox"/>		<input type="checkbox"/> OTHER

18. NAME OF INSPECTOR (Type or Print) Robert Mathias	18A. SIGNATURE <i>Robert Mathias</i>	18 B. DATE OF SIGNATURE 10/13/16
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Location: Hawthorne, NV

Quarter 1

Date of Inspection: 10-13-16

Inspector: Mathias

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whse/110- 94

Readings : 30

Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m3 and lowest 0.0mg/m3. DNSC action level for mercury vapor presence is 25mg/m3. Action level for OSHA is 100 mg/m3. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks:

MERCURY STORAGE FACILITY
INSPECTION REPORT

FACILITY ID: HWAD 110-95

DATE: 10/13/16

CRITICAL DEFICIENCIES = A **MAJOR DEFICIENCIES = B**

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE | <input type="checkbox"/> B1 PORTABLE DOCK (If present) |
| <input type="checkbox"/> A2 EVIDENCE OF LEAKING | <input type="checkbox"/> B2 RECORDS MISMATCH |
| <input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL | <input type="checkbox"/> B3 ITEM LOCATION MISMATCH |
| <input type="checkbox"/> A4 PACKAGING | <input type="checkbox"/> B4 INVENTORY RECORD CARD
MISMATCH/INCOMPLETE, UNAUTHORIZED QTY
ADJUSTMENT |
| <input type="checkbox"/> A5 MARKINGS | <input type="checkbox"/> B5 HOUSEKEEPING |
| <input type="checkbox"/> A6 STORAGE CONFIGURATION | |

CRITICAL DEFICIENCIES = AD **FACILITIES**
MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD

- | | |
|--|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED |
| <input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS | <input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION |
| <input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE | <input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE |
| <input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD | <input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY |
| <input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH | <input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens |
| <input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION | <input type="checkbox"/> CD2 EXCESSIVE VEGETATION |
| <input type="checkbox"/> AD7 HOLES IN THE ROOF | <input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK |
| <input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS |
| | <input checked="" type="checkbox"/> NO DEFICIENCIES NOTED |

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

Rob Matthews 10/13/16
DLA SIGNATURE/DATE

[Signature]
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity <p style="text-align: center;">Quarterly Inspection of Mercury Storage Areas</p>	3. Serial No. <u>1</u> 4. ID NO. N/A
---	--	---

D	A. LAST		6. Type of Storage						
A	<u>7-26-11</u>								
T	B. THIS		and Specific Warehouse location:						
E	<u>10-13-16</u>		Depot Area Open Storage Area:			Warehouse: <u>110-95</u>			

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
---	--	----------------

INSPECTION AREA (Check and complete. Explain negative responses)		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored In the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: / Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc.)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9480	720,480
	30 Gal								
							Total Pallets		
							316		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.
 Jerome 505 Mercury Vapor testing conducted by the undersigned.
 Total inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil
	SOC Environmental DIV	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	OTHER

18. NAME OF INSPECTOR (Type or Print) ROBERT MATHIAS	18A. SIGNATURE <i>Rob Mathias</i>	18 B. DATE OF SIGNATURE <u>10/13/16</u>
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Location: Hawthorne, NV

Quarter /

Date of Inspection: 10/13/16
Inspector: Rob Mather

Air Monitoring Instrument:

Make: Jerome Model: 505

Whse/110- 95

Readings : 30

Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m3 and lowest 0.0mg/m3. DNSC action level for mercury vapor presence is 25mg/m3. Action level for OSHA is 100 mg/m3. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks:

**MERCURY STORAGE FACILITY
INSPECTION REPORT**

DATE: 10/13/16

FACILITY ID: HWAD 110-96

CRITICAL DEFICIENCIES = A	MAJOR DEFICIENCIES = B
---------------------------	------------------------

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE
<input type="checkbox"/> A2 EVIDENCE OF LEAKING
<input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL
<input type="checkbox"/> A4 PACKAGING
<input type="checkbox"/> A5 MARKINGS
<input type="checkbox"/> A6 STORAGE CONFIGURATION | <input type="checkbox"/> B1 PORTABLE DOCK (If present)
<input type="checkbox"/> B2 RECORDS MISMATCH
<input type="checkbox"/> B3 ITEM LOCATION MISMATCH
<input type="checkbox"/> B4 INVENTORY RECORD CARD MISMATCH/INCOMPLETE, UNAUTHORIZED QTY ADJUSTMENT
<input type="checkbox"/> B5 HOUSEKEEPING |
|--|--|

CRITICAL DEFICIENCIES = AD	FACILITIES MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD
----------------------------	---

- | | |
|---|--|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS
<input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS
<input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE
<input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD
<input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH
<input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION
<input type="checkbox"/> AD7 HOLES IN THE ROOF
<input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED
<input checked="" type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION
<input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE
<input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY
<input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens
<input type="checkbox"/> CD2 EXCESSIVE VEGETATION
<input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK
<input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS
<input type="checkbox"/> NO DEFICIENCIES NOTED |
|---|--|

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED):

Exit light out on East Door

Rob Malloy 10/13/16
DLA SIGNATURE/DATE

[Signature] 10/13/16
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity <p style="text-align: center;">Quarterly Inspection of Mercury Storage Areas</p>	3. Serial No. 1 4. ID NO. N/A
---	--	--

D	A. LAST	6. Type of Storage	and Specific Warehouse location: Warehouse: 110-94
A	7-26-16		
T	B. THIS		
E	10-13-16	Depot Area Open Storage Area:	

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
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INSPECTION AREA <small>(Check and complete. Explain negative responses)</small>		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored in the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	N/A	N/A
	(1) CLASS I	N/A	N/A
	(2) CLASS II	N/A	N/A
	(3) CLASS III	N/A	N/A

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc..)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT NET WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9090	690,840
	30 Gal								
							Total Pallets		
							303		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.

Jerome 505 Mercury Vapor testing conducted by the undersigned.

Total Inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil	
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil	
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil	
	SOC Environmental DIV	<input checked="" type="checkbox"/>		<input type="checkbox"/> OTHER

18. NAME OF INSPECTOR (Type or Print) ROB MATHIAS	18A. SIGNATURE 	18 B. DATE OF SIGNATURE 10/13/16
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Location: Hawthorne, NV

Quarter |

Date of Inspection: 10/13/16
Inspector: Robert Miller

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whse/110- 90

Readings : 30

Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m³ and lowest 0.0mg/m³. DNSC action level for mercury vapor presence is 25mg/m³. Action level for OSHA is 100 mg/m³. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks:

MERCURY STORAGE FACILITY
INSPECTION REPORT

FACILITY ID: HWAD 110-97

DATE: 10/13/16

CRITICAL DEFICIENCIES = A MAJOR DEFICIENCIES = B

- | | |
|--|--|
| <input type="checkbox"/> A1 SAFETY IN STORAGE | <input type="checkbox"/> B1 PORTABLE DOCK (If present) |
| <input type="checkbox"/> A2 EVIDENCE OF LEAKING | <input type="checkbox"/> B2 RECORDS MISMATCH |
| <input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL | <input type="checkbox"/> B3 ITEM LOCATION MISMATCH |
| <input type="checkbox"/> A4 PACKAGING | <input type="checkbox"/> B4 INVENTORY RECORD CARD
MISMATCH/INCOMPLETE, UNAUTHORIZED QTY
ADJUSTMENT |
| <input type="checkbox"/> A5 MARKINGS | <input type="checkbox"/> B5 HOUSEKEEPING |
| <input type="checkbox"/> A6 STORAGE CONFIGURATION | |

FACILITIES
CRITICAL DEFICIENCIES = AD MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD

- | | |
|--|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED |
| <input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS | <input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION |
| <input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE | <input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE |
| <input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD | <input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY |
| <input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH | <input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks; broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens |
| <input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION | <input type="checkbox"/> CD2 EXCESSIVE VEGETATION |
| <input type="checkbox"/> AD7 HOLES IN THE ROOF | <input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK |
| <input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS |
| | <input checked="" type="checkbox"/> NO DEFICIENCIES NOTED |

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

[Empty box for comments]

Rolo Matthews 10/13/16
DLA SIGNATURE/DATE

[Signature]
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity <p style="text-align: center;">Quarterly Inspection of Mercury Storage Areas</p>	3. Serial No. 1 4. ID NO. N/A
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D	A. LAST		6. Type of Storage	
A	7-20-16			
T	B. THIS		and Specific Warehouse location:	Warehouse: 110-97
E	10-13-16		Depot Area Open Storage Area:	

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
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INSPECTION AREA <small>(Check and complete. Explain negative responses)</small>		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored In the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material Is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A (3) CLASS III N/A

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc.)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT NET WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9478	720,328
	30 Gal								
							Total Pallets		
							316		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.

Jerome 505 Mercury Vapor testing conducted by the undersigned.

Total Inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil	
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil	
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil	
	SOC Environmental DIV	<input checked="" type="checkbox"/>		<input type="checkbox"/> OTHER

18. NAME OF INSPECTOR (Type or Print) ROB MATHIAS	18A. SIGNATURE 	18 B. DATE OF SIGNATURE 10/13/16
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Location: Hawthorne, NV

Quarter)

Date of Inspection: 10/13/16
Inspector: Rob Mathews

Air Monitoring Instrument:

Make: Jerome Model: 505

Whse/110- 97

Readings : 30

Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m³ and lowest 0.0mg/m³. DNSC action level for mercury vapor presence is 25mg/m³. Action level for OSHA is 100 mg/m³. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks: _____

**MERCURY STORAGE FACILITY
INSPECTION REPORT**

DATE: 10/13/16

FACILITY ID: HWAD 110-98

CRITICAL DEFICIENCIES = A	MAJOR DEFICIENCIES = B
---------------------------	------------------------

- | | |
|--|---|
| <input type="checkbox"/> A1 SAFETY IN STORAGE
<input type="checkbox"/> A2 EVIDENCE OF LEAKING
<input type="checkbox"/> A3 HIGH VAPOR CONCENTRATION LEVEL
<input type="checkbox"/> A4 PACKAGING
<input type="checkbox"/> A5 MARKINGS
<input type="checkbox"/> A6 STORAGE CONFIGURATION | <input type="checkbox"/> B1 PORTABLE DOCK (If present)
<input type="checkbox"/> B2 RECORDS MISMATCH
<input type="checkbox"/> B3 ITEM LOCATION MISMATCH
<input type="checkbox"/> B4 INVENTORY RECORD CARD MISMATCH/INCOMPLETE, UNAUTHORIZED QTY ADJUSTMENT
<input type="checkbox"/> B5 HOUSEKEEPING |
|--|---|

FACILITIES	
CRITICAL DEFICIENCIES = AD	MAJOR DEFICIENCIES = BD / MINOR DEFICIENCIES = CD

- | | |
|---|---|
| <input type="checkbox"/> AD1 MISSING/INCORRECT FIRE AND/OR CHEMICAL SYMBOLS
<input type="checkbox"/> AD2 DAMAGED OR DEFECTIVE CONTAINMENT CURBS
<input type="checkbox"/> AD3 GEO-MEMBRANE FLOOR DAMAGED, RIPPED, TORN OR UNSERVICEABLE
<input type="checkbox"/> AD4 LOOSE/BROKEN DOCK BUMPERS POSING A SIGNIFICANT HAZARD
<input type="checkbox"/> AD5 CRACKS IN WALLS EXCEEDING 1/4" IN WIDTH
<input type="checkbox"/> AD6 WAREHOUSE FOUNDATION/STEPS - EVIDENCE OF DETERIORATION
<input type="checkbox"/> AD7 HOLES IN THE ROOF
<input type="checkbox"/> AD8 CO ₂ FIRE SUPPRESSION SYSTEM SHOWS EVIDENCE OF CORROSION, INTRUSION OR IS PHYSICALLY DAMAGED | <input type="checkbox"/> BD1 DOORS AND/OR WINDOWS ARE NOT WORKING PROPERLY AND CANNOT BE SECURED
<input type="checkbox"/> BD2 BROKEN LIGHTING WITHIN THE SITE - SPECIFY GRID LOCATION
<input type="checkbox"/> BD3 VENTILATION REGISTERS ARE CLOSED, BROKEN AND/OR INOPERABLE
<input type="checkbox"/> BD4 WIND SOCK POLES ARE NOT IN PLACE AND WIND SOCKS ARE NOT WORKING PROPERLY
<input type="checkbox"/> CD1 DOOR DEFECTS - Missing ground, missing/broken door hooks, broken/damaged/ missing hinges, cannot access/missing/damaged/defective vent screens
<input type="checkbox"/> CD2 EXCESSIVE VEGETATION
<input type="checkbox"/> CD3 INCORRECT LOCK OR NON-FUNCTIONING LOCK
<input type="checkbox"/> CD4 EVIDENCE OF RAT INFESTATION I.E., NESTS, DROPPINGS
<input type="checkbox"/> NO DEFICIENCIES NOTED |
|---|---|

COMMENTS (CONTINUE ON REVERSE IF ADDITIONAL SPACE IS REQUIRED)

Rolo Matthews 10/13/16
DLA SIGNATURE/DATE

[Signature] 10/13/16
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility DLA-SM-HWAD Hawthorne, NV	2. Name and Type of Commodity <p style="text-align: center;">Quarterly Inspection of Mercury Storage Areas</p>	3. Serial No. <u>1</u> 4. ID NO. N/A
---	--	---

D	A. LAST		6. Type of Storage	
A	<u>7-26-16</u>			
T	B. THIS		and Specific Warehouse location:	Warehouse: <u>110-98</u>
E	<u>10-13-16</u>		Depot Area Open Storage Area:	

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL Robert Mathias, DLA Strategic Materials Supervisor	7A. TEL. NO. OR CODE (330) 623-0267	7B. EXT N/A
---	--	----------------

INSPECTION AREA (Check and complete. Explain negative responses)		YES	NO
8. STORAGE	A. Storage Facilities Are of the Type Prescribed in the Storage Manual	X	
	B. Storage Facilities Are Maintained in Good Order	X	
9. MATERIAL	A. Material Is Stored In the Manner Prescribed in the Storage Manual	X	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	X	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	N/A	
	B. Depot Postings are: Last RR No. Date OSR No Dated	N/A	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	X	
12. SECURITY AND FIRE PROTECTION	Security and Fire Protection are being provided in accordance with Quality Assurance and Materials Inspection Handbook and Storage Manual Requirements	X	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	X	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	X	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I N/A	(2) CLASS II N/A

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc...)	WIDTH c.	LENGTH d.	HEIGHT e.	DIAM-ETER f.	g. WEIGHT OF UNIT		TOTAL NUMBER OF UNITS Flasks h.	i. TOTAL WEIGHT NET WEIGHT POUNDS
						(1) GROSS	(2) NET		
DLA/SM	Drum			29"	20"	N/A	N/A	9452	710,352
	30 Gal								
							Total Pallets		
							316		

15. REMARKS (Review all other appropriate questions contained in "guide for the inspection of stockpiled materials and storage facilities", and if deficiencies are found, give the appropriate guide numbers and complete details in this block)

See Attached Sheet for other pertinent information.

Actual count of flasks could not be verified, thus no drums were opened at the time of inspection, Drum count was verified and matched planograph.

Jerome 505 Mercury Vapor testing conducted by the undersigned.

Total inventory of Mercury flasks are contained within steel drums with no evidence of leaking.

16. RECOMMENDATIONS (Not to be construed by storage depot or facility as authorization to proceed with remedial measures beyond the scope of authority).

NONE

17. DISTRIBUTION	DLA/SM/Chief	<input checked="" type="checkbox"/>	charles.harder@dla.mil
	DLA/SM/PM	<input checked="" type="checkbox"/>	jason.boynton@dla.mil
	DLA/SM/HWAD Manager	<input checked="" type="checkbox"/>	robert.mathias@dla.mil
	SOC Environmental DIV	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	OTHER

18. NAME OF INSPECTOR (Type or Print) <u>ROB MATHIAS</u>	18A. SIGNATURE <u>Rob Mathias</u>	18 B. DATE OF SIGNATURE <u>10/13/16</u>
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Location: Hawthorne, NV

Quarter (

Date of Inspection: 10/13/16
Inspector: R. D. Matlock

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whse/110- 98

Readings : 30

Range: 0.0-0.1 mg/m³

Findings: This date, a visual and Mercury detection inspection was done for section containing Mercury listed above. Inspection revealed breathing air is safe, and acceptable. Air surveillance was accomplished using Jerome 505 HG analyzer in 15 second mode. Manufactures calibration process was conducted prior to use and found to be in tolerance. All samples were taken along aisles rows at approximately 36" above the floor and Breathing zones. Highest reading retrieved was 0.20 mg/m³ and lowest 0.0mg/m³. DNSC action level for mercury vapor presence is 25mg/m³. Action level for OSHA is 100 mg/m³. Inspection of drums and drip pans was also conducted and all found to be in excellent condition. Doors were opened during this inspection by SOC Fire Department.

Remarks: