

**MERCURY STORAGE FACILITY  
INSPECTION REPORT**

DATE: \_\_\_\_\_

FACILITY ID: HWAD 110-52

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

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

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

*[Signature]* 01/17/17  
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 <b>Quarterly Inspection of Mercury Storage Areas</b>	3. Serial No. <b>2</b>
		4. ID NO. N/A

D	A. LAST	6. Type of Storage	
A	<b>10-13-16</b>	and Specific Warehouse location:	Warehouse: <b>110-52</b>
T	B. THIS	Depot Area Open Storage Area:	
E	<b>01/17/17</b>		

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL <b>Robert Mathias, DLA Strategic Materials Supervisor</b>	7A. TEL. NO. OR CODE <b>(330) 623-0267</b>	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		NET WEIGHT POUNDS
	<b>30 Gal</b>								
							Total Pallets	<del>292</del>	<b>664 392</b>
							<b>292</b>	<b>6742</b>	

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) <b>Col R Steedley</b>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <b>01/17/17</b>
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**MERCURY STORAGE FACILITY  
INSPECTION REPORT**

DATE: \_\_\_\_\_

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 - <b>SPECIFY GRID LOCATION</b>
<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 <sub>2</sub> 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)**

  
DLA SIGNATURE/DATE

17 Jan 17  
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;"><b>Quarterly Inspection of Mercury Storage Areas</b></p>	3. Serial No. <u>2</u> 4. ID NO. N/A
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D	A. LAST	6. Type of Storage and Specific Warehouse location: Warehouse: <u>110-66</u>
A	<u>10-16-16</u>	
T	B. THIS	
E	<u>01/17/17</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								
							Total Pallets	<del>19</del> 19	515284
								570	

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>Gil R Sterling</u>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <u>01/17/17</u>
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**MERCURY STORAGE FACILITY  
INSPECTION REPORT**

FACILITY ID: HWAD 110-77

DATE: \_\_\_\_\_

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

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

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

DLA 01/17/17  
 \_\_\_\_\_  
 DLA SIGNATURE/DATE

\_\_\_\_\_  
 DLA SIGNATURE/DATE

**NOTIFICATION OF STOCKPILE INSPECTION**

1. Name and Location of Depot or Facility <b>DLA-SM-HWAD Hawthorne, NV</b>	2. Name and Type of Commodity <p style="text-align: center;"><b>Quarterly Inspection of Mercury Storage Areas</b></p>	3. Serial No. <b>2</b> 4. ID NO. <b>N/A</b>
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D A T E	A. LAST <b>10-13-16</b> B. THIS <b>01/17/17</b>	6. Type of Storage and Specific Warehouse location: Depot Area Open Storage Area: <p style="text-align: center;"><b>Warehouse: 110-77</b></p>
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7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL <b>Robert Mathias, DLA Strategic Materials Supervisor</b>	7A. TEL. NO. OR CODE <b>(330) 623-0267</b>	7B. EXT <b>N/A</b>
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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	<b>X</b>	
	B. Storage Facilities Are Maintained in Good Order	<b>X</b>	
9. MATERIAL	A. Material Is Stored in the Manner Prescribed in the Storage Manual	<b>X</b>	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	<b>X</b>	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	<b>N/A</b>	
	B. Depot Postings are: Last RR No.      Date      OSR No      Dated	<b>N/A</b>	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	<b>X</b>	
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	<b>X</b>	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	<b>X</b>	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	<b>X</b>	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I <b>N/A</b>	(2) CLASS II <b>N/A</b>

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		
	30 Gal								
							Total Pallets <b>316</b>	<del>316</del> <b>9480</b>	<b>720480</b>

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) <b>Gil R Sterling</b>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <b>01/17/17</b>
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Location: Hawthorne, NV

Quarter 2

Date of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whse/110- 77

# Readings : 30

Range: 0.0-0.1 mg/m<sup>3</sup>

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/m<sup>3</sup> and lowest 0.0mg/m<sup>3</sup>. DNSC action level for mercury vapor presence is 25mg/m<sup>3</sup>. Action level for OSHA is 100 mg/m<sup>3</sup>. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**NOTIFICATION OF STOCKPILE INSPECTION**

1. Name and Location of Depot or Facility <b>DLA-SM-HWAD Hawthorne, NV</b>	2. Name and Type of Commodity <p style="text-align: center;"><b>Quarterly Inspection of Mercury Storage Areas</b></p>	3. Serial No. <b>2</b> 4. ID NO. <b>N/A</b>
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D A T E	A. LAST <b>12/3/16</b> B. THIS <b>01/17/17</b>	6. Type of Storage and Specific Warehouse location: Depot Area Open Storage Area:	Warehouse: <b>110-78</b>
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7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL <b>Robert Mathias, DLA Strategic Materials Supervisor</b>	7A. TEL. NO. OR CODE <b>(330) 623-0267</b>	7B. EXT <b>N/A</b>
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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	<b>X</b>	
	B. Storage Facilities Are Maintained in Good Order	<b>X</b>	
9. MATERIAL	A. Material Is Stored in the Manner Prescribed in the Storage Manual	<b>X</b>	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	<b>X</b>	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	<b>N/A</b>	
	B. Depot Postings are: Last RR No. Date OSR No Dated	<b>N/A</b>	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	<b>X</b>	
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	<b>X</b>	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	<b>X</b>	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	<b>X</b>	
	C. Condition of Containers (Give exact number in Class III under remarks)	<b>N/A</b>	<b>N/A</b>
		<b>N/A</b>	<b>N/A</b>

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		
	30 Gal								
							TotalPallets	<b>316</b>	<b>9480</b>
									<b>720480</b>

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) <b>Gil R Stevins</b>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <b>01/17/17</b>
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Location: Hawthorne, NV

Quarter 2

Date of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whse/110- 78

# Readings : 30

Range: 0.0-0.1 mg/m<sup>3</sup>

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/m<sup>3</sup> and lowest 0.0mg/m<sup>3</sup>. DNSC action level for mercury vapor presence is 25mg/m<sup>3</sup>. Action level for OSHA is 100 mg/m<sup>3</sup>. 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: \_\_\_\_\_  
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**MERCURY STORAGE FACILITY  
INSPECTION REPORT**

FACILITY ID: HWAD 110-87

DATE: \_\_\_\_\_

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

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

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

*[Signature]* 6/1/17  
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 <b>Quarterly Inspection of Mercury Storage Areas</b>	3. Serial No. <b>2</b> 4. ID NO. N/A
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D	A. LAST	6. Type of Storage	Warehouse: <b>110-87</b>
A	<b>10-13-16</b>		
T	B. THIS	and Specific Warehouse location:	
E	<b>01/17/17</b>	Depot Area Open Storage Area:	

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

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								
							Total Pallets	<b>316</b>	<b>720100</b>
								<b>4475</b>	

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) <b>Bil R Sterling</b>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <b>01/17/17</b>
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MERCURY STORAGE FACILITY  
INSPECTION REPORT

FACILITY ID: HWAD 110-88

DATE: \_\_\_\_\_

**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<br>MISMATCH/INCOMPLETE, UNAUTHORIZED QTY<br>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 <sub>2</sub> 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)

*[Signature]* 01/17/17  
DLA SIGNATURE/DATE

\_\_\_\_\_  
DLA SIGNATURE/DATE

NOTIFICATION OF STOCKPILE INSPECTION

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

D	A. LAST	6. Type of Storage				
A	<b>10-13-16</b>	and Specific Warehouse location:	Warehouse: <b>110-88</b>			
T	B. THIS	Depot Area Open Storage Area:				
E	<b>01/17/17</b>					

7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL <b>Robert Mathias, DLA Strategic Materials Supervisor</b>	7A. TEL. NO. OR CODE <b>(330) 623-0267</b>	7B. EXT <b>N/A</b>
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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	<b>X</b>	
	B. Storage Facilities Are Maintained in Good Order	<b>X</b>	
9. MATERIAL	A. Material is Stored in the Manner Prescribed in the Storage Manual	<b>X</b>	
	B. Material is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	<b>X</b>	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	<b>N/A</b>	
	B. Depot Postings are: Last RR No. Date OSR No Dated	<b>N/A</b>	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	<b>X</b>	
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	<b>X</b>	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	<b>X</b>	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	<b>X</b>	
	C. Condition of Containers (Give exact number in Class III under remarks)	<b>N/A</b>	<b>N/A</b>
		<b>N/A</b>	<b>N/A</b>

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		
	<b>30 Gal</b>								
							Total Pallets <b>316</b>	<del>316</del> <b>9480</b>	<b>720480</b>

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) <b>Bill R Sterling</b>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <b>01/17/17</b>
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Location: Hawthorne, NV

Quarter 2

Date of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Air Monitoring Instrument: \_\_\_\_\_

Make: Jerome

Model: 505

Whsc/110- 88

# Readings : 30

Range: 0.0-0.1 mg/m<sup>3</sup>

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/m<sup>3</sup> and lowest 0.0mg/m<sup>3</sup>. DNSC action level for mercury vapor presence is 25mg/m<sup>3</sup>. Action level for OSHA is 100 mg/m<sup>3</sup>. 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: \_\_\_\_\_  
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**MERCURY STORAGE FACILITY  
INSPECTION REPORT**

FACILITY ID: HWAD 110-89

DATE: \_\_\_\_\_

CRITICAL DEFICIENCIES = A	MAJOR DEFICIENCIES = B
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- |  |  |
|--|--|
| <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<br>MISMATCH/INCOMPLETE, UNAUTHORIZED QTY<br>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
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- |  |   |
|--|---|
| <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 - <b>SPECIFY GRID LOCATION</b>   |
| <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 <sub>2</sub> 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)**

*[Signature]* 01/17/17  
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 <p style="text-align: center;"><b>Quarterly Inspection of Mercury Storage Areas</b></p>	3. Serial No. <span style="float: right;">2</span> 4. ID NO. N/A
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D A T E	A. LAST <b>10-13-16</b>  B. THIS <b>01/17/17</b>	6. Type of Storage and Specific Warehouse location: Depot Area Open Storage Area:	Warehouse: <b>110-89</b>
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7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL <b>Robert Mathias, DLA Strategic Materials Supervisor</b>	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		

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								
							Total Pallets	<del>316</del> 316	710 448
								9348	

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) <b>Col R Sterling</b>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <b>01/17/17</b>
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Location: Hawthorne, NV

Quarter 2

Date of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whsc/110- 89

# Readings : 30

Range: 0.0-0.1 mg/m<sup>3</sup>

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: \_\_\_\_\_  
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\_\_\_\_\_  
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**MERCURY STORAGE FACILITY  
INSPECTION REPORT**

DATE: \_\_\_\_\_

FACILITY ID: HWAD 110-92

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

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

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

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

*[Signature]* 01/17/17  
 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 <p style="text-align: center;"><b>Quarterly Inspection of Mercury Storage Areas</b></p>	3. Serial No. <u>2</u> 4. ID NO. N/A
---	--	---

D	A. LAST	6. Type of Storage	and Specific Warehouse location: Warehouse: <u>110- 92</u> Depot Area Open Storage Area:
A	<u>10-13-16</u>		
T	B. THIS		
E	<u>01/17/17</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 (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								
							Total Pallets	<del>316</del>	720 480
							316	9480	

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>Carl R Steubing</u>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <u>01/17/17</u>
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**MERCURY STORAGE FACILITY  
INSPECTION REPORT**

DATE: \_\_\_\_\_

FACILITY ID: HWAD 110-93

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

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

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

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

*[Signature]* 01/17/17  
 \_\_\_\_\_  
 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 <p style="text-align: center;"><b>Quarterly Inspection of Mercury Storage Areas</b></p>	3. Serial No. <b>2</b> 4. ID NO. N/A
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D A T E	A. LAST <b>10-13-16</b> B. THIS <b>01/17/17</b>	6. Type of Storage and Specific Warehouse location: Depot Area Open Storage Area:	Warehouse: <b>110-93</b>
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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 (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		
	30 Gal								
							Total Pallets	<del>316</del> 316	720 024
								9474	

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) <b>Gil R Steubing</b>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <b>01/17/17</b>
--	--------------------	--

Location: Hawthorne, NV

Quarter 2

Date of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Air Monitoring Instrument: \_\_\_\_\_

Make: Jerome

Model: 505

Whse/110- 93

# Readings : 30

Range: 0.0-0.1 mg/m<sup>3</sup>

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/m<sup>3</sup> and lowest 0.0mg/m<sup>3</sup>. DNSC action level for mercury vapor presence is 25mg/m<sup>3</sup>. Action level for OSHA is 100 mg/m<sup>3</sup>. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MERCURY STORAGE FACILITY  
INSPECTION REPORT**

DATE: \_\_\_\_\_

FACILITY ID: HWAD 110-94

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

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

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

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

*[Signature]* 01/17/17  
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 <p style="text-align: center;"><b>Quarterly Inspection of Mercury Storage Areas</b></p>	3. Serial No. <u>2</u> 4. ID NO. N/A
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D	A. LAST	6. Type of Storage	and Specific Warehouse location: Warehouse: <u>110-94</u> Depot Area Open Storage Area:
A	<u>10-13-16</u>		
T	B. THIS		
E	<u>01/17/17</u>		

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

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

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		NET WEIGHT POUNDS
DLA/SM	Drum			29"	20"	N/A	N/A		
	30 Gal								
							Total Pallets	<del>316</del> 316	716 680
								<del>9422</del> 9422	

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>Carl R Sterbus</u>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <u>01/17/17</u>
--	--------------------	--

Location: Hawthorne, NV

Quarter 2

Date of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Air Monitoring Instrument: \_\_\_\_\_

Make: Jerome

Model: 505

Whse/110- 94

# Readings : 30

Range: 0.0-0.1 mg/m<sup>3</sup>

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/m<sup>3</sup> and lowest 0.0mg/m<sup>3</sup>. DNSC action level for mercury vapor presence is 25mg/m<sup>3</sup>. Action level for OSHA is 100 mg/m<sup>3</sup>. 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: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_



NOTIFICATION OF STOCKPILE INSPECTION

1. Name and Location of Depot or Facility <b>DLA-SM-HWAD</b> <b>Hawthorne, NV</b>	2. Name and Type of Commodity <p style="text-align: center;"><b>Quarterly Inspection of Mercury Storage Areas</b></p>	3. Serial No. <b>2</b> 4. ID NO. <b>N/A</b>
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D	A. LAST		6. Type of Storage						
A	<b>10-13-16</b>		and Specific Warehouse location:	Warehouse: <b>110-95</b>					
T	B. THIS		Depot Area Open Storage Area:						
E	<b>01/17/17</b>								

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

14. DESCRIPTION OF CONTAINERS, PILES, OR OTHER UNITS									
PRO-GRAM	Type (Pile, case, ingot, bale etc...)	WIDTH	LENGTH	HEIGHT	DIAM-ETER	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								
							Total Pallets	<b>316</b>	<b>9480</b>
									<b>720480</b>

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) <b>Gil R Sterling</b>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <b>01/17/17</b>
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MERCURY STORAGE FACILITY

INSPECTION REPORT

FACILITY ID: HWAD 110-96

DATE: \_\_\_\_\_

**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<br>MISMATCH/INCOMPLETE, UNAUTHORIZED QTY<br>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 - <b>SPECIFY GRID LOCATION</b>   |
| <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 <sub>2</sub> 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)

*[Signature]* 01/17/17  
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 <p style="text-align: center;"><b>Quarterly Inspection of Mercury Storage Areas</b></p>	3. Serial No. <span style="float: right;">2</span> 4. ID NO. N/A
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D	A. LAST		6. Type of Storage						
A	10-13-16								
T	B. THIS		and Specific Warehouse location: Warehouse: <u>110-96</u>						
E	01/17/17		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

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								
							Total Pallets		
							303	9090	670840

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) <i>Gil R Sterling</i>	18A. SIGNATURE <i>[Signature]</i>	18 B. DATE OF SIGNATURE 01/17/17
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Location: Hawthorne, NV

Quarter 2

Date of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Air Monitoring Instrument: \_\_\_\_\_

Make: Jerome

Model: 505

Whse/110-96

# Readings : 30

Range: 0.0-0.1 mg/m<sup>3</sup>

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/m<sup>3</sup> and lowest 0.0mg/m<sup>3</sup>. DNSC action level for mercury vapor presence is 25mg/m<sup>3</sup>. Action level for OSHA is 100 mg/m<sup>3</sup>. 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: \_\_\_\_\_  
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**NOTIFICATION OF STOCKPILE INSPECTION**

1. Name and Location of Depot or Facility <b>DLA-SM-HWAD Hawthorne, NV</b>	2. Name and Type of Commodity <b>Quarterly Inspection of Mercury Storage Areas</b>	3. Serial No. <b>2</b> 4. ID NO. <b>N/A</b>
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D A T E	A. LAST <b>10-13-16</b> B. THIS <b>01/17/17</b>	6. Type of Storage and Specific Warehouse location: Depot Area Open Storage Area: <b>Warehouse: 110-97</b>
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7. NAME AND TITLE OF PERSON RESPONSIBLE FOR MATERIAL <b>Robert Mathias, DLA Strategic Materials Supervisor</b>	7A. TEL. NO. OR CODE <b>(330) 623-0267</b>	7B. EXT <b>N/A</b>
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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	<b>X</b>	
	B. Storage Facilities Are Maintained in Good Order	<b>X</b>	
9. MATERIAL	A. Material Is Stored in the Manner Prescribed in the Storage Manual	<b>X</b>	
	B. Material Is Free of Deterioration, Infestation, Contamination, Commingling, Migration and Erosion	<b>X</b>	
10. RECORDS	A. Depot Manager Confirmed that all entries have been Posted	<b>N/A</b>	
	B. Depot Postings are: Last RR No. Date OSR No Dated	<b>N/A</b>	
11. UNITS	Quantity indicated in Item 14h reflects EBS Posting and agrees with actual and/or computed count	<b>X</b>	
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	<b>X</b>	
13. CONTAINERS, PILES, OR OTHER UNITS	A. Material is Stored in Proper Containers (Check only if applicable)	<b>X</b>	
	B. All Containers, Piles and/or Units Are Marked as Prescribed in the Storage Manual	<b>X</b>	
	C. Condition of Containers (Give exact number in Class III under remarks)	(1) CLASS I <b>N/A</b>	(2) CLASS II <b>N/A</b> (3) CLASS III <b>N/A</b>

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		
	30 Gal								
							TotalPallets <b>316</b>	<b>9478</b>	<b>720398</b>

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) <b>Gil R Sterling</b>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <b>01/17/17</b>
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Location: Hawthorne, NV

Quarter 2

Date of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whse/110- 97

# Readings : 30

Range: 0.0-0.1 mg/m<sup>3</sup>

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/m<sup>3</sup> and lowest 0.0mg/m<sup>3</sup>. DNSC action level for mercury vapor presence is 25mg/m<sup>3</sup>. Action level for OSHA is 100 mg/m<sup>3</sup>. 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: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**MERCURY STORAGE FACILITY  
INSPECTION REPORT**

FACILITY ID: HWAD 110-98

DATE: \_\_\_\_\_

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

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

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

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

*[Signature]* 01/17/17  
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 <p style="text-align: center;"><b>Quarterly Inspection of Mercury Storage Areas</b></p>	3. Serial No. <span style="float: right;">2</span> 4. ID NO. N/A
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D	A. LAST	6. Type of Storage and Specific Warehouse location: Depot Area Open Storage Area:	Warehouse: <b>110-98</b>
A	<b>10-13-16</b>		
T	B. THIS		
E	<b>01/17/17</b>		

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

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		
						Total Pallets			
DLA/SM	Drum			29"	20"	N/A	N/A		
	<b>30 Gal</b>								
							<b>316</b>	<b>9452</b>	<b>718352</b>

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) <b>Bil R Stevley</b>	18A. SIGNATURE 	18 B. DATE OF SIGNATURE <b>01/17/17</b>
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Location: Hawthorne, NV

Quarter 2

Date of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Air Monitoring Instrument:

Make: Jerome

Model: 505

Whse/110- 98

# Readings : 30

Range: 0.0-0.1 mg/m<sup>3</sup>

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/m<sup>3</sup> and lowest 0.0mg/m<sup>3</sup>. DNSC action level for mercury vapor presence is 25mg/m<sup>3</sup>. Action level for OSHA is 100 mg/m<sup>3</sup>. 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: \_\_\_\_\_  
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