

**PRE-AWARD/POST-AWARD ON-SITE REVIEW  
HM/ HW RECYCLER/PROCESSOR/MANUFACTURER**

(Prescribing Authority: DRMS-I 6050.1)

DRMO		DATE OF REVIEW	
REVIEWER		DSN	
FACILITY NAME			
SITE VISIT POC(s)		PHONE	
1. BRIEFLY DESCRIBE OPERATION:			
2. IS THE OPERATION CONSISTENT WITH THE TYPE OF PROPERTY BEING PURCHASED?			
3. DOES THE FACILITY HAVE A BUSINESS LICENSE?		4. DATE OF MOST RECENT REGULATORY INSPECTION	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
5. AGENCY CONDUCTING INSPECTION			
6. INSPECTOR'S NAME AND PHONE NUMBER			
7. REVIEWED LAST FEDERAL/STATE EPA COMPLIANCE INSPECTION?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. RESULTS OF LATEST REGULATORY INSPECTION			
9. DATE OF LAST OFFICIAL FIRE/SAFETY INSPECTION			
10. RESULTS OF LATEST FIRE INSPECTION			
		<b>YES</b>	<b>NO</b>
11. Are facility inspections performed in accordance with permit?			
12. Reviewed permit(s)/applicable documentation? <i>(Note: For HM/HW Recyclers/Processors, review type of processes facility is permitted/ approved for to ensure facility is not operating outside the scope of their permit(s))</i>			
13. If manufacturer, is the facility required to report all incoming HM substances to the local fire authorities under the TIER III reporting? Verify with local fire department.			
14. Does the facility receive only waste streams listed on permit?			
15. Was a review of operating records conducted?			
16. Is there any evidence that buyer is purchasing hazardous property for which they do not have an intended use?			
17. Is there evidence of property being stored longer than 1 year?			
18. Are employees receiving the proper required environmental/safety training?			
19. Is there evidence of spillage or leaking?			
20. Does the facility maintain copies of the spill contingency plan?			
21. Does the facility file contingency plan with local authorities?			
22. Does the facility have the appropriate spill response equipment available?			
23. Are personnel properly trained to handle spills?			

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FACILITY NAME		YES	NO
24. Is hazardous property storage space provided?			
Covered storage?			
Property stored compatibly?			
Storage area bermed?			
Adequate aisle space?			
Are aisles unobstructed?			
Adequate storage capacity for volume and commodity to be purchased?			
Adequate illumination?			
Proper stacking/racking?			
Sprinkler system?			
Sufficient natural or mechanical ventilation? <input type="checkbox"/> NATURAL <input type="checkbox"/> MECHANICAL			
Approximate square footage:			
25. If flammables are stored, are there No Smoking signs and fire extinguishers located in the storage area?			
26. Is there adequate fire suppression equipment?			
27. Checked for current inspection tags on fire extinguishers?			
28. Is hazardous property stored in such a way to be accessible to fire fighters or spill clean up personnel?			
29. Is the floor sealed or nonporous?			
30. If applicable, is Personal Protective Equipment available?			
31. Are containers of hazardous chemicals labeled with the identity of the hazardous chemical and appropriate hazard warning?			
32. Does general housekeeping of facility appear to be orderly and organized, free of debris and refuse? _____			
33. How does/will the purchaser dispose of unused or unsaleable items? Identify name and address of disposal facility:			
34. Is this inspection for compressed gas cylinders? <i>(If yes, complete DRMS Form 2010, Pre-Award / Post-Award On-Site Review, Additional Information for Cylinder Buyers)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
35. List disposal methods that are utilized for disposal of treatment residue and/or still bottoms. Identify name and address of disposal facility:			

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(CONTINUED)**

**FACILITY NAME**

36. Does the facility have a system in place to maintain the required sales documents?  
*(SBR, Part 7, Article U) (This includes Form 1427, Bill of Sale, and manifest, if applicable. at a minimum)*

37. Who will transport the property?

38. Transporter is licensed to haul  HAZARDOUS MATERIAL  HAZARDOUS WASTE

39. Transporter EPA Identification Number/DoT Number:

**YES**

**NO**

40. Reviewed transportation log, permits, etc., authorizing the transport of hazardous material/waste?

41. Are there any outstanding violations pertaining to the transportation of hazardous material/waste?

42. Does the transporter hold current transporter permits, as required, to transport hazardous material waste through applicable states?

43. Are trailers containing material placarded as required by DoT 49 CFR?

44. Does the transporter store any hazardous property for more than 10 days?

45. Based on visual observation and record surveillance, which commodities can this facility responsibly manage?

46. Recommended Reinspection Period:  12 MONTHS  18 MONTHS

OTHER (NTE 18 MONTHS)

ENVIRONMENTAL ASSESSMENT: *(Check One)*  RESPONSIBLE  NON-RESPONSIBLE

**SUPPORTING STATEMENT FOR ENVIRONMENTAL ASSESSMENT DETERMINATION**

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OMB CONTROL NUMBER: 0704-XXXX  
EXPIRATION DATE: XX/XXXX

**AGENCY DISCLOSURE STATEMENT**

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