

**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 | | | |
| | | YES | NO |
| 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? | | | |

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

| 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? (If yes, complete DRMS Form 2010, Pre-Award / Post-Award On-Site Review, Additional Information for Cylinder Buyers) <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: | | | |

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

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

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

AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0704-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.