INDUSTRIAL USER INSPECTION CHECKLIST

Inspection Date ____/____/

1. Industry Name:
2. Site Address(s):
3. Mailing Address:

4. Contact (1):
5. Title:
6. Telephone Number:

7. Contact (2):
8. Title:
9. Telephone Number:

Credentials presented to whom?

Inspector(s)

Name	Agency	Telephone Number

Note: This form should be completely filled out.

Note: Portions of sections A-E and I can be filled in prior to onsite visit.

A. GENERAL INFORMATION

1. General Description of Processes and Products.

2. a. Categorical Industry? Yes _____ No

b. Category(s):

Subcategory(s):

Regulatory New Source Date ___/___/

c. New Source? Yes_____ No

d. List of categorical processes

e. List other operations producing wastewater.

3. Are any alternates to effluent monitoring conducted?
(e.g., TTO/TOMP requirements)?

Yes _____ No

Describe:
_____

4. Provide production rates for all processes subject to production based standards.

Process	Production Rate Used for calculating Limits	Production Rate for Last 12 Months
_____	_____	
_____	_____	_____

(use additional sheet if necessary)

5. Any anticipated changes in processes or production rates?

Yes_____ No _____ If yes, describe

7. Is production seasonal? Yes_____No

If yes, describe
_____

8. Shift Information

	No. of Employees	Hours	Work Days
Shift 1:	_____	_____	_____
Shift 2:	_____	_____	_____
Shift 3:	_____	_____	_____
Total:	_____	_____	_____

B. CHARACTERIZATION OF WASTEWATER DISCHARGES

1. Describe time of day discharge to sewer occurs.

2. Are discharges seasonal? Yes _____ No

If yes, describe

3. Attach a block flow diagram of manufacturing process, chemical storage area, and wastewater generated. Identify all regulated, unregulated and dilution wastewater discharges. Include sampling location, discharge flow rates and method of Disposal.* Note any recent changes.
* Disposal Method

CD - Continuous discharge to sanitary sewer
ND - Not discharged or disposed
BD - Batch discharge to sanitary sewer
HH - Hauled as hazardous waste
OD - Other disposal - not to sanitary sewer
HW - Hauled as nonhazardous waste

C. PRETREATMENT FACILITY

1. Pretreatment installed? Yes _____ No

2. Attach a schematic of the pretreatment facility (include all units and sludge storage)

3. Briefly describe treatment processes and operation.

4. Describe sludge storage and disposal method.

_____

5. Describe appearance of effluent at time of inspection.

D. SELF MONITORING

1. Does facility have a sampling plan or protocol including use of 40 CFR Part 136 techniques (obtain copy)?

   Yes ____ No

2. Is sampling location (B.3) the same as in control mechanism?
   Yes ____ No

   If no, explain

3. Does a sign, painted number or other means permanently identify this sampling location?

   Yes ____ No

4. Is this sampling location appropriate? Yes _____ No

   If no, explain

5. Is this sampling location shown on the chain of custody form?

   Yes ____ No

6. Are any parameters monitored by approved methods more frequently than required at permitted sampling location?

   Yes _____ No

   If yes, are all results submitted to the Control Authority?

   Yes _____ No

7. Does facility resample and report within 30 days of discovering a violation?

   Yes _____ No _____ N/A

8. Are sampling records maintained on site? Yes _____ No

   For how long?

9. a. Is flow determined as required by permit? Yes _____ No

   b. How is flow determined (i.e., estimated or measured)?

c. Is flow measurement location appropriate? Yes _____ No
d. Is flow measurement device calibrated?

Yes _____ No ____ N/A _____ How often ?

e. Is calibration documentation available? (obtain copy)

Yes _____ No ____ N/A

10. Does the facility have an operator's manual for its pH meter? Yes _____ No

11. Does the facility do proper 2-point calibration of its pH meter in accordance with the operator's manual?

Yes _____ No

12. Is other monitoring equipment (e.g. DO meter) calibrated?

Yes ____ No ____ N/A _____ How often ? _____ (Check for documentation)

13. Is sampling and analysis done in-house or by contract?

14. Is QA/QC program for sampling <u>and</u> analysis adequate? (obtain copy of plan if available)

Yes ____ No ____ If no, explain

15. Describe any perceived deficiencies in the self-monitoring program.

E. HAZARDOUS WASTE MANAGEMENT

1. Is IU aware of RCRA regulations? Yes _____ No

2. Does facility generate any hazardous waste? Yes _____ No

   If yes, indicate type of waste, method of management on site and means of disposal. Describe any spillage problems or any other releases that are observed.

3. Has facility notified POTW and EPA of any hazardous waste discharges to the sewer?

   Yes ____ No ____ N/A

F. SPILL PREVENTION / SLUG CONTROL

1 Does the IU have a spill prevention control and countermeasure (SPCC) plan to address spills?

   Yes ____ No _____ Unknown _____ N/A

2. Does the facility have a slug control plan (SCP) to prevent any discharge of a non-routine, episodic nature, including but not limited to an accidental spill or a non-customary batch discharge?

   Yes ____ No

2 Has the facility been evaluated for the need for an SCP at least every two years?

   Yes ____ No

3. a. Has the facility been responsible for slug loads to the POTW?

   Yes _____ No ____ Unknown _____ N/A

   b. If yes, was POTW notified?

Yes _____ No _____ Unknown ____ N/A

c. Did the IU follow procedures outlined in the slug control plan?

Yes _____ No

d. Were the procedures effective?

Yes _____ No

4. Is the facility keeping records of spill and/or slug events?

Yes _____ No ____ Unknown _____ N/A

5. Have there been any changes in spill and/or slug control procedures recently?

Yes _____ No _____ Unknown _____ N/A

Describe:

6. General Comments:

(i.e. perceived deficiencies/violations/discrepancies)

G. <u>ON-SITE RECORDKEEPING/FILE REVIEW</u> (based on inspector's observations)
[Indicate Y (in file) or N (not in file)]

1. Current IU control mechanism?

2. Notices and correspondence with control authority including:

a. Self-monitoring report transmittals?

b. Baseline Monitoring Report (BMR) if required?

c. Other? _____

3. Do sampling records include:

   a. Date of sampling event?

   b. Time of sampling event?

   c. Name of sampling person and affiliation?

   d. Sample collection method?

   e. Method of sample preservation?

   f. Description of sample location?

   g. Name of person conducting analysis?

   h. Date of analysis?

   i. Time of analysis, if applicable (i.e., BOD, Cr^{+6})?

   j. Sample analyses method?

4. Is type of sample as specified in control mechanism?

5. Are all parameters monitored at the required frequency?
   (Note any discrepancies in section K.)

6. Analytical results?

7. Are all monitoring results sent to the Control Authority?

8. Appropriate production records for production based standards?

9. Documentation of flow rates and volumes?

H. SAMPLING

1. Were samples taken during inspection? Yes _____ No

   If yes, attach sample results.

2. Describe sampling location (if different from B.3), method & time.

_____

I. CURRENT COMPLIANCE STATUS

1. Indicate compliance status with:

   a. effluent limits
   b. monitoring frequency
   c. recordkeeping/reporting

2. Describe existing enforcement actions. (attach schedule)

_____

3. What is current status of compliance with schedule?

J. OTHER COMMENTS

Note any entry or other problems.