



Hazardous Waste Disposal Facility Previsit Survey

HTS Environmental Services Inc. has instituted a process for ensuring the acceptability of disposal sites, to which HTS transports hazardous and non hazardous waste. The initial step in this process involves requesting information from disposal sites regarding their facility and operations. The purpose of this inquiry is to review a site's compliance record, pollution liability potential and safety information in order to determine if the site is approved for use as a disposal site. State and federal regulations, company policies and environmental management systems require generators to determine the "acceptability" of chosen disposal facilities where wastes are transferred. As a transporter of such wastes, HTS Environmental Services retains a degree of liability for the materials it transports, much like the Generator. HTS is committed to the preservation of the environment and supports its customers in their process of determining such "acceptability" of waste sites to ensure the responsible management of both hazardous and non-hazardous wastes.

We understand that these can be time consuming and tedious, especially considering the annual requirement to update often unchanging information. To reduce this burden, subsequent annual surveys will be shortened significantly, allowing your organization to simply "certify" that the information initially submitted remains valid and/or explain any new information that may be applicable, without having to unnecessarily repeat unchanging information.

We greatly appreciate your cooperation and hope that such communication will only further strengthen our business relationship. If you have any questions regarding our new form, please feel free to contact our EHS Support Services Division.

HTS

Completed By: _____

Name: _____ Title: _____ Phone: _____

Date of Survey Completion: _____

SECTION 1: GENERAL INFORMATION

Name of Facility: _____

Facility Address: _____

Telephone Number _____ Fax Number: _____

Facility Environmental Contact (if different from above): _____ Title: _____

E-mail: _____ Contact Phone (if different than above): _____

SECTION 2: BUSINESS ORGANIZATION

Is the Facility the landowner business? Yes No

Facility size: _____ Total Acreage: _____ Active Acreage: _____

Waste receiving hours: _____ Waste treatment hours: _____
Number of full-time employees: _____ Year facility opened under current ownership: _____

Type of Storage (Check All That Apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Above Ground storage tank(s) | <input type="checkbox"/> Underground storage tank(s) | <input type="checkbox"/> Drum Pad |
| <input type="checkbox"/> Treatment Tank(s) | <input type="checkbox"/> Indoor Container Storage | <input type="checkbox"/> Outdoor Container Storage |
| <input type="checkbox"/> Other; Describe _____ | | |

Method of material/waste Delivery:

- | | | | |
|--------------------------------|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Truck | <input type="checkbox"/> Ship/Boat | <input type="checkbox"/> Rail Car | <input type="checkbox"/> Other; Describe _____ |
|--------------------------------|------------------------------------|-----------------------------------|--|

This facility accepts the following types of waste:

- | | |
|---|---|
| <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Non-hazardous Waste |
| <input type="checkbox"/> Industrial Special Waste | <input type="checkbox"/> Radioactive Waste |
| <input type="checkbox"/> Mixed Waste (mix of radioactive and hazardous waste) (this is a US term) | <input type="checkbox"/> Wastewater |
| <input type="checkbox"/> Electronic Waste | <input type="checkbox"/> Construction and Demolition Debris |
| <input type="checkbox"/> Universal Waste (US only) | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Used Oil (US only) | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Medical / Biohazardous Waste | |

This facility offers the following services/treatment:

- H010** Metals recovery including retorting, smelting, chemicals, etc.
- H020** Solvents recovery
- H039** Other recovery or reclamation for reuse including acid regeneration, organics recovery, etc.
- H050** Energy recovery at this site -- use as fuel (includes on-site fuel blending)
- H061** Fuel blending prior to energy recovery at another site
- H040** Incineration--thermal destruction other than use as a fuel
- H071** Chemical reduction with or without precipitation
- H073** Cyanide destruction with or without precipitation
- H075** Chemical oxidation
- H076** Wet air oxidation
- H077** Other chemical precipitation with or without pre-treatment
- H081** Biological treatment with or without precipitation
- H082** Adsorption
- H083** Air or steam stripping
- H101** Sludge treatment and/or dewatering
- H103** Absorption
- H111** Stabilization or chemical fixation prior to disposal at another site
- H112** Macro-encapsulation prior to disposal at another site
- H121** Neutralization only
- H122** Evaporation
- H123** Settling or clarification
- H124** Phase separation
- H129** Other treatment Describe. _____
- H131** Land treatment or application (to include on-site treatment and/or stabilization)
- H132** Landfill or surface impoundment that will be closed as landfill (to include on-site treatment and/or stabilization)
- H134** Deepwell or underground injection (with or without treatment)
- H135** Discharge to sewer/POTW or NPDES (with prior storage—with or without treatment)
- H141** Storage, bulking, and/or transfer off site--no treatment/recovery (H010-H129), fuel blending (H061), or disposal (H131-H135) at this site



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- | | |
|---|---|
| <input type="checkbox"/> Non-hazardous waste landfill | <input type="checkbox"/> Non-hazardous wastewater treatment |
| <input type="checkbox"/> Used oil collection | <input type="checkbox"/> Oil reclamation |
| <input type="checkbox"/> Battery collection | <input type="checkbox"/> Battery recycling |
| <input type="checkbox"/> Fluorescent bulb collection | <input type="checkbox"/> Fluorescent bulb recycling |
| <input type="checkbox"/> Electronics recycling | <input type="checkbox"/> Refrigerants recycling |
| <input type="checkbox"/> Mercury collection | <input type="checkbox"/> Field Services; Describe. _____ |
| <input type="checkbox"/> Other (specify): _____ | |

SECTION 3: FINANCIAL INFORMATION

Within the past 3 years, has the facility or parent company sought or been provided bankruptcy protection? Yes No

If yes, explain. _____

In the event there is contamination at the Facility or an off-site location for which the Facility has responsibility, does the Facility have a remediation plan and financial resources to address the contamination? Yes No

Closure Financial Assurance Mechanism

- | | |
|---|--|
| <input type="checkbox"/> Trust fund | <input type="checkbox"/> Surety bond |
| <input type="checkbox"/> Letter of credit | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Financial test | <input type="checkbox"/> Other. Specify. _____ |
| Amount of coverage: _____ | <input type="checkbox"/> NA |

Litigation History:

Are there, or have there been lawsuits or administrative proceedings concerning an actual, alleged, or threatened release of any hazardous substance against the facility by another party? Only actions concluded by settlement or litigation need be considered. Yes No

If yes, explain. _____

If the facility is located in the US, is the facility or the owner of the facility a potential responsible party (PRP) at a federal or state superfund site, or has the facility received a CERCLA Section 104(e) letter notifying them that they may be a PRP?

Yes No

If yes, explain. _____

Insurance Coverage (PLEASE ATTACH MOST RECENT COPIES OF INSURANCE CERTIFICATES):

- Comprehensive General Liability – Amount: _____
- Pollution Liability Insurance – Amount: _____
- Excess Liability Insurance – Amount: _____
- Other – Type & Amount: _____

Does your company indemnify the Generator? Yes No

SECTION 4: COMPLIANCE & SAFETY

Has the facility had any violations within the last 3 years? Yes No
 Has the facility had any fines within the last 3 years? Yes No

Employee Training:

Does the facility have a formal training program? Yes No
 What activities are included in the training program?
 Safety Environmental Operations Other (specify): _____
 Are records kept of the type and amount of all training? Yes No

Plant Safety History:

Have there been any fatalities in the last 3 years? Yes No
 Have there been any fires or explosions at the site in the last 3 years? Yes No

SECTION 5: OPERATIONS

Laboratory:

Does the facility have an onsite laboratory? Yes No
 If yes, is the onsite laboratory state certified? Yes No Certification # _____

What parameters are tested for incoming waste? _____
 What percentage of incoming waste is tested? _____

Contamination Potential

Please answer the following regarding the current operations / use of the facility.

	YES	NO
Has any environmental assessment of the Facility (or the soil or groundwater thereof) been performed by the Facility or any other party?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been or is there now any leakage of Hazardous Substances from tanks, drums, machines, or other containers or pipelines at the Facility? <i>If YES, please describe the type and volume of Hazardous material involved, the duration of the leakage, any response or remedial actions, and area where the leakage occurred. _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
Has the Facility ever reported a release of Hazardous Materials or any environmental emergency to any Governmental Authority? <i>If YES, please describe the type, duration and volume of the release (or the nature of the emergency) and the actions taken by the Governmental Authority, the Facility in response to the matters described in the notice. _____</i>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
<p>Has the Facility ever received a notice from any Governmental Authority or other person alleging (or does the Facility have any other reason to believe) that:</p> <p style="padding-left: 40px;">(i) Facility is contaminated with a Hazardous Material,</p> <p style="padding-left: 40px;">(ii) any Hazardous Material generated by the Company or originating at the Facility has caused contamination of other property, or</p> <p style="padding-left: 40px;">(iii) the Company is otherwise liable for any portion of the cost of investigating, removing, remediating, monitoring, or evaluating the presence of any Hazardous Material in the soil, groundwater, surface water, indoor air, outdoor air, or building materials of the Facility or any other property.?</p> <p><i>If YES, please attach the notice (or provide a complete description of the notice) and please describe the action the Company has taken in response thereto. _____</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are any drains present in the floor or in the outside area of the Facility that lead to storm drains?</p> <p><i>If YES, please describe any measures are in place to control potential contamination. _____</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are any water supplies or monitoring wells of any kind present at the Facility?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Does the Facility lie in any flood plain, contain or border upon any stream, or contain any wetland?</p> <p><i>If YES, please describe _____</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are there any surface impoundments, dry wells, subsurface impoundments, pits, ponds or lagoons located at the Facility?</p> <p><i>If YES, please describe use and contents, provide monitoring information, and provide copies of all permits. _____</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Spill Control Plans:

Does the facility have a spill control plan? Yes No

Does the facility have spill control equipment? Yes No

If yes, explain the spill control equipment. _____

How often does the facility conduct spill response drills? _____ Date of most recent drill: _____

Are all receiving areas, storage areas and treatment areas equipped with containment system(s) or control devices for spills, leaks, and precipitation? Yes No

Contingency and Emergency Plans:

Does the facility have a contingency/emergency plan? Yes No

When was it last updated? _____

Fire Protection:

Are there automatic fire protection system utilized on-site? Yes No

Does the site have a Fire Brigade? Yes No

Facility History:

Please answer the following regarding the **past** use of the property, as best you can, after reasonable inquiry.

	YES	NO	NO INFO
Have any underground storage tanks, sumps, clarifiers, or pipelines been removed from or otherwise abandoned in place at the Facility? <i>If YES, please briefly describe _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any surface impoundments, dry wells, subsurface impoundments, pits, ponds or lagoons ever been located at the Facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has fill dirt originating from another site been brought onto the Facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: FACILITY SECURITY

Is there security coverage at the facility (security guards, video surveillance, etc.)? Yes No

Describe: _____

Does the facility transport or offer for transport any quantity of hazardous waste requiring a security plan meeting the requirements of HM232? Yes No

If yes, does the facility have a security plan meeting the requirements of HM232? Yes No NA

SECTION 7: COMMUNITY

Neighboring area (describe operations at neighboring facilities: i.e. residential, commercial, industrial): _____

Water bodies (rivers, lakes, etc.) within one mile of the facility: _____

Have there been any community complaints or public opposition to the facility in the last 3 years?

Yes No

Explain: _____

SECTION 8: PERMIT CONDITIONS

	YES	NO
Is the Facility operating under an interim status?	<input type="checkbox"/>	<input type="checkbox"/>
If the facility is operating under interim status, what is the status of the Part B? <i>Describe</i> _____ <input type="checkbox"/> NA		
Does the Facility require any Permit or approval not presently in full force and effect in order to conduct its present or planned activities at the Facility in accordance with Environmental Laws and all leases and contracts binding upon the Company? <i>If YES, please describe</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Is the Facility required to file any Hazardous Materials management plans, emergency response plans, inventory reports, biennial reports, air monitoring reports and other environmental reports and notices with the appropriate Governmental Authorities?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility discharge waste or heated water to any body of water, stream, or sanitation system (POTW) or is a NPDES or other wastewater discharge permit otherwise required for the present or planned Hazardous Material Activities at the Facility?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Facility subject to Title V of the Federal Clean Air Act?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Facility transport Hazardous Materials from this Facility to any non-contiguous location or transport Hazardous Materials from to this Facility from any non-contiguous location?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9: ADDITIONAL NOTES

Use the space below for additional notes, if needed: _____

SECTION 10: RECORDS/REPORTS/PERMITS CHECKLIST

Available (Compliant)	Not Applicable	Document / Permit / Plan / Report
General Information (Indicate whether the facility maintains the listed items. Copies of items noted with an (*) may be requested for review during a site visit)		
<input type="checkbox"/>	<input type="checkbox"/>	Site Diagram (showing the location of all inside and outside Hazardous Material storage, shipping, receiving, dispensing, treatment and disposal activities*)
<input type="checkbox"/>	<input type="checkbox"/>	Process Diagram (showing each process step involving Hazardous Materials)
Governmental Permits & Approvals (Indicate whether the facility maintains the listed items. Copies of items noted with an (*) may be requested for review during a site visit)		
<input type="checkbox"/>	<input type="checkbox"/>	Federal Generator I.D. # is _____
<input type="checkbox"/>	<input type="checkbox"/>	State Generator I.D. # is _____
<input type="checkbox"/>	<input type="checkbox"/>	RCRA TSD Permit(s) # is _____
<input type="checkbox"/>	<input type="checkbox"/>	State TSD Permit(s) ¹ # is _____
<input type="checkbox"/>	<input type="checkbox"/>	Above-ground Storage Tank Permit(s)
<input type="checkbox"/>	<input type="checkbox"/>	Under-ground Storage Tank Permit(s)*
<input type="checkbox"/>	<input type="checkbox"/>	Air Emission Permit(s)
<input type="checkbox"/>	<input type="checkbox"/>	Wastewater Discharge Permit(s) to POTW # is _____
<input type="checkbox"/>	<input type="checkbox"/>	Storm Water Discharge Permit(s) # is _____
<input type="checkbox"/>	<input type="checkbox"/>	NPDES Discharge Permit(s) # is _____
<input type="checkbox"/>	<input type="checkbox"/>	Agency Inspection Reports (last 2 years)*
Plans (Indicate whether the facility maintains the listed items. Copies of items noted with an (*) may be requested for review during a site visit)		
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Response Plan*
<input type="checkbox"/>	<input type="checkbox"/>	Contingency Plan
<input type="checkbox"/>	<input type="checkbox"/>	Fire Prevention Plan
<input type="checkbox"/>	<input type="checkbox"/>	(Calif) Risk Management and Prevention Plan
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Waste Handling Procedures*
<input type="checkbox"/>	<input type="checkbox"/>	Employee Training Plan/Log/records Retained For ___ yrs

¹ In California, non-RCRA tiered permit.

Available (Compliant)	Not Applicable	Document / Permit / Plan / Report
<input type="checkbox"/>	<input type="checkbox"/>	Air Toxic Hot Spots Plan
<input type="checkbox"/>	<input type="checkbox"/>	Storm Water Pollution Prevention Plan
<input type="checkbox"/>	<input type="checkbox"/>	Facility Closure Plan and documentation of Financial Assurance*
<input type="checkbox"/>	<input type="checkbox"/>	Pre-closure Monitoring Plan
<input type="checkbox"/>	<input type="checkbox"/>	Post-closure Monitoring Plan
<input type="checkbox"/>	<input type="checkbox"/>	Employee Hazard Communication Plan
<input type="checkbox"/>	<input type="checkbox"/>	Injury and Illness Prevention Plan
<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Safety (Chemical Hygiene) Plan
<input type="checkbox"/>	<input type="checkbox"/>	Biomedical Waste Safety Plan
Reports, Filings, & Notices		
<small>(Indicate whether the facility maintains the listed items. Copies of items noted with an (*) may be requested for review during a site visit)</small>		
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Material Release Notice(s)*
<input type="checkbox"/>	<input type="checkbox"/>	SARA Form R Report Last date - _____
<input type="checkbox"/>	<input type="checkbox"/>	(Calif) Proposition 65 Notices *
<input type="checkbox"/>	<input type="checkbox"/>	Under-ground Storage Tank Closure Documentation* Date - _____