

WASTE INSPECTION REPORT

Operator: _____ Date: _____ Time: _____

Generator: _____ Vehicle Type & ID: _____

Net Wt or Volume: _____ tons cubic yards

Driver Name: _____

Load Description: _____

Types of Waste: Household Commercial Industrial

Ash Soil C&D

Asbestos Tires Animals

Sealed containers Free Liquid

Contained gas

RCRA Hazwaste Describe: _____

INSPECTION RESULTS: LOAD ACCEPTED

LOAD REJECTED

IF REJECTED, NOTIFY DEQ AND GENERATOR.

Date and time DEQ notified: _____

Date and time Generator notified: _____

INSPECTOR'S SIGNATURE: _____

WEEKLY INSPECTION FORM

DATE: _____

TIME: _____

INSPECTOR'S NAME: _____

INSPECTOR'S SIGNATURE: _____

ACTIVE FACILITY? YES NO

FACILITY NAME:
PHONE NUMBER:
EMERGENCY PHONE:
ADDRESS:

EVALUATION

COMPLIANCE STATUS

COMMENTS

SAFETY EQUIPMENT VISIBLE AND IN WORKING ORDER:

FIRE EXTINGUISHER

FIRE BLANKET

EYE WASH

FIRST AID KIT

CHEMICAL SPILL RESPONSE KIT

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

MONITORING EQUIPMENT CALIBRATED AND MAINTAINED?

ACTIVE FACE IN COMPLIANCE WITH OSHA STANDARDS?

FUGITIVE LITTER AND DUST CONTROL

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

GENERAL FACILITY HYGIENE:

<input type="checkbox"/> ODOR	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> N/A
<input type="checkbox"/> BUILDING CLEANLINESS	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> N/A
<input type="checkbox"/> FACILITY GROUNDS	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> N/A
<input type="checkbox"/> OTHER	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> N/A

RECOMMENDED ACTIONS:

MAINTENANCE INSPECTION FORM

INSPECTOR'S NAME: _____

DATE OF MAINTENANCE INSPECTION: _____

ACTIVE FACILITY? YES NO

FACILITY CONTACT: _____

NAME _____ PHONE NUMBER _____

FACILITY NAME:
PHONE NUMBER:
EMERGENCY PHONE:
ADDRESS:

EVALUATION

EVALUATION	COMPLIANCE STATUS	COMMENTS
APPROPRIATE SIGN, GATE, AND ATTENDANT CONTROL OF INSECTS AND RODENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
WINDBLOWN LITTER AND DUST CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
CONFINEMENT OF ACTIVE AREA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
ADEQUATE COVERING AND COMPACTION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
DIVERSION OF SURFACE WATER AWAY FROM ACTIVE AREA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
ABSENCE OF EXTERIOR SLOPE LEACHATE SEEPS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
APPROPRIATE OPEN BURNING	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
UNAUTHORIZED WASTE ABSENT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
MAINTENANCE OF MONITORING DEVICES	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
MAINTENANCE OF ACCESS ROADS TO ACTIVE AREAS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
MAINTENANCE OF VEGETATIVE COVER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
IN COMPLIANCE WITH APPROVED PHASING PLAN FOR LANDFILL DEVELOPMENT, GAS SYSTEM INSTALLATION, AND CLOSURE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
GAS EXTRACTION SYSTEM OPERATION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
MAINTENANCE OF LEACHATE HANDLING SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
OTHER: _____		_____

ADDITIONAL COMMENTS:

Initials _____

APPENDIX C
Daily Operating Record

Daily Operating Record

RECORDER NAME (PLEASE PRINT): _____

DATE OF OPERATION: _____

WEIGHT (OR VOLUME) OF WASTE RECEIVED: _____ <input type="checkbox"/> TONS <input type="checkbox"/> CUBIC YARDS
NUMBER OF VEHICLES ENTERING: _____
TYPE OF WASTE RECEIVED (IF AVAILABLE):

DEVIATIONS FROM APPROVED PLAN OF OPERATION

DESCRIPTION OF DEVIATION:

ACTION TAKEN:

ADDITIONAL COMMENTS:

TRAINING AND NOTIFICATION PROCEDURES

DESCRIPTION OF TRAINING AND NOTIFICATION PROCEDURE(S):

INTRO TRAINING SAFETY TRAINING ANNUAL TRAINING

POLICIES AND PROCEDURES OTHER: _____

TRAINER: _____

MATERIAL COVERED:

TYPE OF TRAINING:

OJT CLASSROOM SEMINAR OTHER: _____

VERIFICATION/CERTIFICATE/RECORD IN FILE? YES NO

MANDATORY? YES NO

ONGOING? YES NO

RENEWABLE? YES NO

ADDITIONAL COMMENTS:

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE: _____

DATE: _____