



Health & Safety Checklist

Facility Name

EPA ID NUMBER

DEQ Representative(s)

Date

REGULATION [40 CFR CITATION]	YES	NO	NA	NC
SECTION A – Outline of Personnel Training Program (264/265.16(a) as referenced by 262.34(a)(4).				
1. Does the facility have a written training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the program consist of:				
a. strictly classroom instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. strictly on-the-job training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. classroom instruction AND on-the-job training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is an annual refresher course required for personnel whose positions at the facility are related to hazardous waste management? (264/5.16(c) as referenced by 262.34(a)(4))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B - JOB TITLE/JOB DESCRIPTION 264/265.16(d)(1)&(2) as referenced by 262.34 (a)(4)				
4. Is a job title provided for each employee whose position at the facility is related to hazardous waste management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is a job description provided for each employee whose position at the facility is related to hazardous waste management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION C - TRAINING DIRECTOR 264/265.16(a)(2) as referenced by 262.34 (a)(4)				
6. Is the training program directed by a person trained in hazardous waste management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION D - RELEVANCE OF TRAINING TO JOB POSITION 264/265.16(a)(2) as referenced by 262.34 (a)(4)				
7. Are facility personnel instructed in hazardous waste management procedures (including contingency plan implementation) relevant to their positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section E - Training and Emergency Response 264/265.16(a)(3) as referenced by 262.34 (a)(4)				
8. Does the training program include the following emergency response procedures where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Procedures for using, inspecting, repairing, and replacing facility emergency and monitoring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Key parameters for automatic waste feed cut-off systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Procedures for utilizing communications or alarm systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Directions for responding to fires or explosions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Procedures for groundwater contamination response?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Procedures for conducting shutdown operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Health & Safety Checklist

REGULATION [40 CFR CITATION]	YES	NO	NA	NC
SECTION F - IMPLEMENTATION OF TRAINING PROGRAM 264/265.16(b), (d)(4) as referenced by 262.34 (a)(4)				
9. Are all facility personnel trained within six months of their employment or assignment to the facility or transfer to a new position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are facility personnel allowed to work unsupervised before their training program has been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are records maintained which document that the required training has been given to and completed by facility personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION G - TESTING AND MAINTENANCE OF EQUIPMENT 264/265.33 as referenced by 262.34 (a)(4)				
12. Does the owner/operator test and maintain (as necessary to assure its proper operation in time of emergency) the following equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. All communications or alarm systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fire protection equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Spill control equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Decontamination equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION H - GENERAL INSPECTION REQUIREMENTS (PERMITTED FACILITIES ONLY) 264/265.15				
13. Does the owner/operator maintain a written schedule at the facility for the inspection of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Monitoring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Safety and emergency equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Security devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Operating and structural equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Types of problems with equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Malfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Operator error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Discharges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the schedule identify the types of problems to look for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the frequency of inspection based on the possible deterioration of equipment and the probability of incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are areas subject to spills, such as loading and unloading areas, inspected daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the owner/operator maintain an inspection log? If yes, does the log include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Date and time of inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name of inspector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Notations of observations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Date and nature of repairs or remedial actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Health & Safety Checklist

REGULATION [40 CFR CITATION]	YES	NO	NA	NC
18. Have any malfunctions or other problems not been remedied? (Summarize in comments section.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION I - REQUIRED AISLE SPACE 264/265.35 as referenced by 262.34 (a)(4)				
19. Does the facility maintain aisle space to allow unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If aisle space is not maintained, has the owner/operator demonstrated to the Regional Administrator that the space is not needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION J - EQUIPMENT REQUIREMENTS 264/265.32 as referenced by 262.34 (a)(4)				
21. Is there evidence of fire, explosion, or contamination of the environment? If yes, explain in the comment section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the facility equipped with the following:				
a. An internal communications or alarm system capable of providing immediate emergency instruction (voice or signal) to facility personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A device such as a telephone (immediately available) or handheld two-way radio capable of summoning emergency assistance from police, fire, or state or local emergency response teams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Portable fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fire control equipment (including special extinguishing equipment such as foam, inert gas, or dry chemical)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Spill control equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Decontamination equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION K - REQUIREMENTS FOR IGNITABLE, REACTIVE, OR INCOMPATIBLE WASTES 264/265.17(a) and (b) (PERMITTED FACILITIES ONLY)				
23. Does the facility handle ignitable or reactive waste? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the owner/operator take the following precautions to prevent accidental ignition or reaction of wastes: Separate and protect ignitable or reactive wastes from sources of ignition or reaction (open flames, smoking, cutting, welding, hot surfaces, frictional heat, static electrical or mechanical sparks, spontaneous ignition, and radiant heat)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Does the owner/operator confine smoking and open flames to specially designated locations, while ignitable or reactive waste is being handled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are "No Smoking" signs placed conspicuously wherever there is a hazard from ignitable or reactive waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the owner/operator have procedures in place to prevent accidental ignition or reaction of wastes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION L - CONTINGENCY PLAN 264/265.50 through §265.56 as referenced by 262.34 (a)(4)				
27. Does the owner/operator have a Contingency Plan, or a Spill Prevention Control and Counter measures (SPCC) Plan, or some other emergency plan, that is amended for hazardous waste management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Health & Safety Checklist

REGULATION [40 CFR CITATION]	YES	NO	NA	NC
28. Is a copy maintained at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Has a copy been submitted to all local police and fire departments, hospitals, and State and local emergency response teams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does the plan describe the control procedures taken in the event of a fire, explosion, or release?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does the plan describe how and when it will be implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the plan describe arrangements agreed to by local police and fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is one person named as the primary coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Does the coordinator have the authority to commit the resources to carry out the emergency plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Does the plan physically describe and identify the location of all emergency equipment at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Does the plan include provisions to ensure that the equipment is cleaned and fit for its intended use before operations are resumed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Does the plan include an evacuation plan for facility personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Does the plan describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Signal(s) to be used to begin evacuation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Evacuation routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the plan describe the methodology for immediate notification of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Facility personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State or local agencies with designated response roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Does the plan include procedures for identification of released materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does the plan include procedures/criteria to assess possible hazards to human health and the environment that may result from the release, fire, or explosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Does the plan describe all reasonable measures necessary to ensure that fires, explosions, or releases do not occur, reoccur, or spread to other hazardous waste at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does the plan describe procedures to monitor for leaks, pressure buildup, gas generation, or ruptures in valves, pipes, or other equipment if the facility stops operation in response to a fire, explosion, or release?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION M - NECESSARY AGREEMENTS WITH LOCAL AUTHORITIES 264/265.37 as referenced by 262.34 (a)(4)				
44. Has the owner/operator made the following arrangements:				



Health & Safety Checklist

REGULATION [40 CFR CITATION]	YES	NO	NA	NC
a. Familiarized police, fire departments, and emergency response teams with the layout of the facility and associated hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Designated one police and fire department with primary emergency authority when more than one might respond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Agreements with State emergency response teams, contracts, and equipment supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Familiarized local hospitals with the properties of waste handled at the facility and the types of injuries or illness that could result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Where authorities decline to enter into such arrangements, has the owner/operator documented the refusal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: