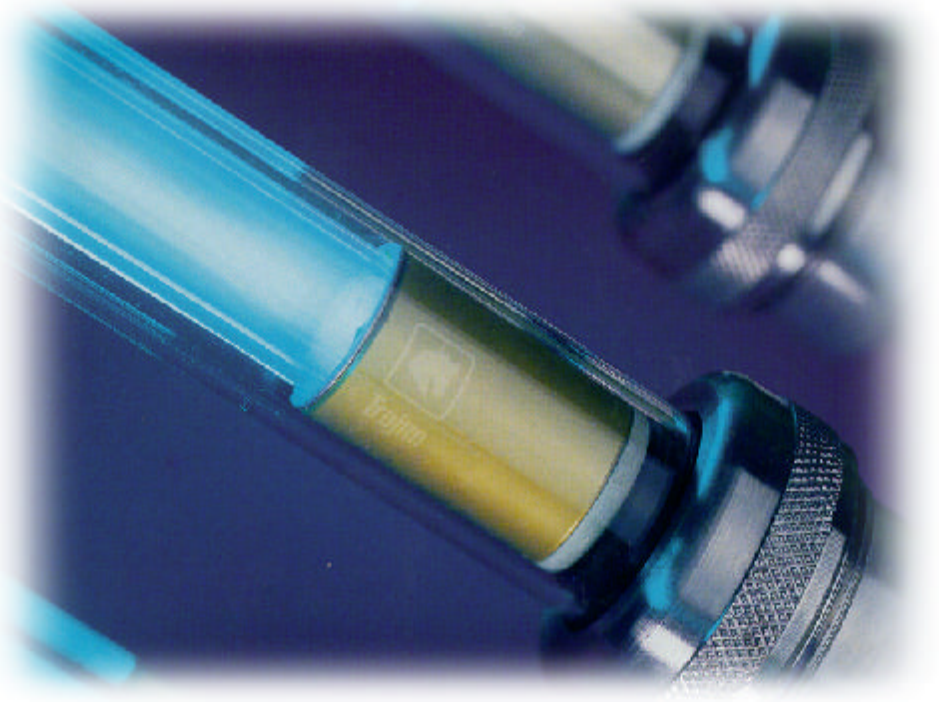
APPENDIX E-1

UV/OX TREATMENT SYSTEM INFORMATION



Proposal to

ROMIC ENVIRONMENTAL TECHNOLOGIES CORP.

for the supply of a

UV Treatment System

using

the Trojan UVSwift™ ECT Reactor System

Submitted by: March 2, 2004

Trojan Technologies Inc.

CONTENTS

NOTICE

The attached Proposal is proprietary and may not be reproduced or distributed to parties not directly associated with Romic Environmental without the express written permission of Trojan Technologies Inc.

Section 1: Introduction

Trojan Technologies is pleased to submit this Proposal to Romic Environmental Technologies Corp. for the supply of a Trojan UVSwift™ ECT Reactor System for the treatment of *N*-nitrosodimethylamine (NDMA) at Romic's Palo Alto treatment facility.

This proposal provides a quote for an Ultraviolet Treatment System to be used to treat water containing 7,000 micrograms per liter (µg/L) of NDMA to below 200 µg/L. The flow rate of the system is 50 gallons per minute (gpm).

The system will consist of two (2) Trojan UVSwift™ ECT 08L24 reactors. The reactors will be mounted vertically on two skids. The system will include appropriate hoses, fittings valves and ports that will allow the UV system flow to operate in either parallel or series configuration. Additionally, the valves will be also be configured to allow the system to operate in a recirculation mode. Details of the equipment are provided in Section 3.

Section 2: Performance Information

Each reactor will have a maximum power draw of 80 kW, or 160 kW for the total system (2 reactors times 80 kW per reactor). There are 8 lamps per reactor.

The Trojan UVSwift™ ECT reactor is designed to provide a specific intensity field for optimum efficiency. Turning lamps off changes the intensity field and reduces overall reactor efficiency. In addition, excessive on/off cycles can reduce lamp life. For this reason Trojan UVSwift™ ECT lamps are provided with multiple power settings to allow the intensity (or equivalently, power draw) to be varied with all the lamps on versus turning individual lamps on or off. Trojan believes varying the lamp power draw versus turning individual lamps on and off is a superior control strategy that leads to much more efficient treatment.

Each lamp can operate at 60%, 80% or 100% power. Power consumption, assuming all reactors are at the same power level, are given in Table 1.

Table 1 Possible Power Draw Scenarios (kW)

# of Reactors	Power Level (%) 60	80	100
1	**48**	**64**	**80**
2	**96**	**128**	**160**

Section 3: UV Equipment

This section contains generic descriptions of the Trojan UV equipment included in this proposal.

UV Reactor

The efficient flow-through UV Reactor is a stainless steel pipe cross which houses the UV lamps. The lamps are enclosed in quartz sleeves and are mounted horizontally in a cross-flow arrangement inside the reactor. Each reactor contains eight (8) UV lamps.

The UV reactor is designed to handle pressures up to 75 psi. The pressure drop across the reactors for the flow rates considered for this Proposal will be very minor (<1 psi). These reactors will be provided with a flange containing a connection for influent water piping.

Level Sensor

A level sensor is incorporated into each reactor or adjacent piping. This level sensor is used to detect water level in the pipe and will shut the system off in the event of a low water level to prevent any damage to the equipment.

Control Power Panel (CPP)

The CPP is a metal enclosure that provides power distribution to the UV reactor and houses the main interface for the system. It includes a PLC based controller with input and output connection points and communication hardware.

The operator interface for the UV system is located on the door of the CPP enclosure. The operator interface offers manual operator control and input, along with an extensive monitoring and reporting system that intelligently monitors system performance and fluctuating operating conditions.

The main power supply is brought into the CPP. The CPP houses the lamp power supplies and power distribution to the UV lamps, AccUVSensor™ (s) and optional Acticlean™ Cleaning System (ACS).

UV Monitoring

The input current to the lamps will be monitored. This value will be converted to a UVC output based on known lamp efficiency and output spectra. The effect of lamp aging can be calculated using lamp degradation curves developed in our lamp lab. Calculating this effect will

be part of the controls package. This allows the output of each lamp to be displayed on the HMI on the Control Panel.

Acticlean™ Cleaning System (ACS)

The Trojan UVSwift™ ECT system will be provided with an on-line sleeve ActiClean™ Cleaning System (ACS).

The chemical/mechanical cleaning system uses stainless steel wiper collars containing a food-grade, NSF60 certified, cleaning agent that sits between two food grade rubber wipers. The wiper collars are equipped with a food grade pressure membrane to balance pressure between the collar and the UV Reactor (UVR). This prevents leaking of the cleaning agent.

The cleaning system is driven by an internal drive screw with an externally mounted electric motor as the direct drive. The drive screw is installed within the UV Reactor (UVR) chamber. The electric motor is mounted on the service end of the UVR and is protected within the service end cap.

Wiper collars are mounted onto a single yoke attached to a drive nut, which moves the wiper along the screw. All lamp sleeves and sensor sleeves are cleaned simultaneously.

ActiClean™ Cleaning System Specifications:

- EPDM lamp sleeve wipers,
- EPDM sensor sleeve wipers,
- Viton® pressure membrane,
- Teflon® bearings,
- 316 SST wiper collars,
- Electric motor drive and
- 304 SST drive screw.

ActiClean™ Cleaning System Cleaning Agent

The cleaning agent, ActiClean™ Gel, is a proprietary food-grade agent developed by Trojan. Trojan has obtained NSF 60 approval for ActiClean™ Gel as an additive to drinking water.

ACS Operation

The ActiClean™ Cleaning System (ACS) is controlled via the Control Power Panel's (CPP) operator interface. The operator can set the ACS to clean at a variety of regular intervals. In addition, the operator may initiate an immediate cleaning sequence at any time.

Temperature Sensor

The high operating temperature of UV lamps demands that a water flow be maintained through the UVR chamber to cool the lamps. If the water flow is shut off for any reason, the lamps must be shut off to prevent overheating.

The temperature sensor will trigger a warning alarm if the wall temperature of the UVR chamber exceeds 120° F (50°C). This alarm will be displayed on the CPP operator interface.

Section 4: System Description

This section outlines the specifics of the equipment to be supplied as part of this proposal. Generic descriptions of the individual pieces of equipment can be found in the previous section.

UV REACTORS

The Ultraviolet Reactor shall be supplied with all lamps, quartz sleeves, and UV Intensity Sensors (see Section 3 for a more detailed description). Trojan will supply cabling for connection of the UV Reactors to the Power Panels. Cable installation, raceways and terminations will also be supplied by Trojan.

Model and Make:	Trojan UVSwift™ ECT Model 8L24
Quantity:	Two (2) Ultraviolet Reactors
Lamps:	Eight (8) per reactor, medium-pressure
UV Monitoring:	Eight (8) lamp current monitors per reactor
Cleaning System:	Automatic chemical/mechanical cleaning
Materials of Construction:	SS316L reactor chamber
Inlet / Outlet Connection:	SS316 ½" thick blank plate with appropriately-sized threaded hole in center
Approximate Weight:	1500 lb/reactor

Installation Notes

The UV Reactors will be installed on skids in such a way that they will remain full of water at all times during operation. Each train of UV Reactors will be installed with isolation valves and will be provided with a means for draining. Each train of UV Reactor will be plumbed such that a bypass or recirculation flow of at least 50 gpm of water per reactor can be provided during the lamp warm-up period (5 minutes per reactor during power-up).

Other Equipment Supplied by Trojan

Mild steel painted support structures and skids will be provided by Trojan. Installation and mounting of the reactor on the skid are the responsibility of Trojan. Sample ports will be provided at the influent and effluent piping of each UV reactor skid. Due to the manner in which the

UV system operates, a surge tank will not be required. The UV reactor skids will be directly plumbed to upstream water treatment processes.

Influent thermocouples	1 per skid = 2
Effluent thermocouples	1 per skid = 2

Electrical Cabinets

One Electrical Cabinet shall be supplied for each UV Reactor. Each cabinet shall consist of two (2) Power Panels and one (1) Control Panel. Each power panel will house the power supplies (ballasts) and provide power distribution. Each Power Panel shall have its own independent ventilation system. The Control Panel shall house the PLC for the corresponding UV Reactor. Each Power Panel will be provided with mains over current protection.

Each Electrical Cabinet shall be equipped with one Human Machine Interface (HMI). The HMI shall be in the Control Panel. The Electrical Cabinet will be mounted on the same skid as its corresponding UV Reactor. Trojan will provide for power and communication connections between the Electrical Cabinet and its associated reactor.

Quantity:	Two (2)
Material of Construction:	Painted mild steel enclosure
Enclosure Rating:	Type 12 ventilated, UL or CSA approved
Estimated Size:	68” wide x 80” high x 24” deep
Approximate Cabinet Weight:	2000 lbs
Number of Ballasts per Panel:	Two (2) electromagnetic ballasts
Reactor PLC Make and Model:	Siemens model S7-226
Human Machine Interface:	Siemens model TP170B (5.5” monochrome)
Communications Protocol:	Profibus
Skid Mounting:	Two electrical cabinets per skid

Skid Description

The base of the skid will be constructed of C channels with 3/8” steel and a 1/4” surface of steel. The 12" lift will be constructed of 4X4 tube and bracing. The top frame will be a 2”X2” tube painted and 1/4" plate for the attachment to the top Trojan UVSwift™ ECT reactor. The skid and supports will be painted using a Tremclad® like rust resistant type of rolled or brushed paint. The skid and support structure weighs approximately 1,500 lbs.

Total weight per skid, including 2 reactors, 2 cabinets, supporting structure and skid itself will be approximately 8,500 lbs. Furthermore, each reactor has the capacity to hold ~9.5 cu. ft of water, which would

add 590 lbs per reactor for a total of 9,680 lbs per skid when the reactors are full of water.

Hose, Fittings and Ancillary Instrumentation

The following are proposed:

-Schedule 40 PVC fittings
-Glass reinforced polypropylene (PP) cam action fittings with steel cam arms and pins.
-PVC True Union ball valves
-Paddle wheel type 2-wire flow sensor with 4-20 mA output. Accuracy of ± 1% of indicated flow. PVC body.
-Standard K-type thermocouples

Equipment By Others

-480 Volt 3-phase power supply to each electrical cabinet
-Shelter for the system, including protection from direct sunlight and precipitation.

Spare Parts and Safety Equipment

The following spare parts and safety equipment will be supplied with the UV system:

1 complete set of UV Lamps for one reactor
1 complete set of Quartz Sleeves for one reactor
1 complete set of o-rings and seals for one reactor
1 UV resistant face shield
1 cleaning chemicals required for 1 year of operation

Documentation

Trojan will supply 2 copies of the Standard O&M Manual and Electrical Schematics for the equipment listed in this Proposal.

Startup Assistance

Equipment commissioning:	3 person days
Operational training	1 person day

Section 5: Quotation

[Removed for inclusion in Part B Permit Application]

Section 6: System Performance & Warranty

System Performance

Trojan guarantees the performance of the system. Based on Trojan's current level of knowledge of the site's water, the proposed Trojan UVSwift™ ECT Reactor System will treat the water to the specified targets indicated below.

Effluent NDMA Concentration:	<200 ppb

Performance is predicated on the following influent water quality parameters:

Flow Rate:	50 gpm
Influent NDMA Concentration:	≤7,000 ppb
UV Transmittance	>5%

If the system fails to meet these performance criterion, Trojan will make adjustments to the operation of the system until the performance criteria are met. If additional equipment is required, Trojan will provide it solely at Trojan's cost, with a limit of one additional Trojan UVSwift™ ECT 8L24 reactor.

Manufacturer's Equipment Warranty

Trojan will provide a Manufacturer's Equipment Warranty for the Trojan UVSwift™ ECT Reactor System installed at the Romic facility for the lesser of 18 months after delivery or 12 months following reactor start-up.

Section 7: Notes

Water Heating

The specified input power is very large for such a flow rate as small as the one specified. Under the circumstances any UV system will likely result in significant heating of the water.

Simple temperature rise calculations, assuming that all of the non-UVC lamp output power is converted to heat indicate that the water temperature will rise ~5 ^{o}C per reactor at 50 gpm and 100% power. This would give a temperature rise of ~10 ^{o}C across the whole system. The maximum acceptable water temperature for the equipment is 50 ^{o}C.

Shelter

This equipment is designed to operate indoors. Direct sunlight will cause heat problems in the electrical cabinet and precipitation poses an obvious danger to the high voltage components. Also, the cabinets may require special filters depending on the dust levels in the air if the equipment is covered but outside.

Mobility

The lamps must be removed from the reactor before the skid is moved.

APPENDIX F-1

INSPECTION FORMS

TANKER INSPECTION FORM

Inspect each tanker prior to use for intra-facility transfer

Date:		**Tanker ID:**	
Time:			

ITEM	ACCEPTABLE		COMMENTS
	Yes	No	
Tanker Shell: (free from damage, corrosion, leaks)			
Pump Motor and Pump: (operating properly, not leaking, adequate fluid levels)			
Vacuum Gauges: (operating)			
Float (Level) Gauges: (operating)			
Valves: (operating properly; not leaking)			
Hoses and Fittings: (Not damaged; not leaking)			
No evidence of leaks or spills: (no pooling of liquids, staining or concrete, drips, or visible vapor emissions)			
Locate spill control and emergency equipment in area of transfer			
Additional comments:			

If tanker condition is identified as unacceptable, do not use until corrected. Note corrective action above.

Inspector Name:	

rev. 4/05

APPENDIX F-1

DAILY INSPECTION CHECKLISTS

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily			Page 1 of 12				
Name of INSPECTOR:			**Date:**			**Time of Inspection**	
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded on Page 12 for all NO answers.**				
	YES	NO	**VOC Control System and HTU Area**				**Drum crusher**
VOC System (data recording system) operating.			**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
			HTU	**HTU-1**	**HTU-2**	**HTU Area**	
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**
No standing liquid in containment (unless within 24 hours of rainstorm): Indicate time rainstorm ended:			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**
Condition of HTU tanks (no leaks or excessive corrosion)			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**N/A**
Valves closed and capped when not in use.			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**N/A**
Sampling valves closed.			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**N/A**
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**
Are control systems(e.g. chain driven roller, hydraulic piston compressor of drum crusher); spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily	Page 2 of 12
Name of INSPECTOR:	**Date:** **Time of Inspection**

Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**		
	YES	NO	Tank Farm A	Tank Farm B	LIQ (Liquefaction Process Area) PT= Product Tank
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**	**Y** **N**	**Y** **N**
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**	**Y** **N**	**Y** **N**
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**	**Y** **N**	**Y** **N**

Tank Farm	**Acceptable Overall**		**Tank Farm A**														**Tank Farm B**					**LIQ**
Tank ID	**YES**	**NO**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**K**	**L**	**M**	**R-91**	**R-92**	**R-93**	**R-94**	**R-95**	**PT1**
Condition of tanks (no leaks or excessive corrosion)?			**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	Y N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N
Valves closed and capped when not in use.			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Sampling valves closed			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Are tanks appropriately labeled: tank numbers, hazardous waste label and NFPA visible.			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily											Page 3 of 12											
Name of INSPECTOR:			**Date:**								**Time of Inspection**											
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**																			
	YES	NO	Tank Farm CLR								Tank Farm MNO											
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**								**Y** **N**											
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**								**Y** **N**											
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**								**Y** **N**											
Tank Farm	**Acceptable Overall**		**Tank Farm CLR**								**Tank Farm MNO**											
Tank ID	**YES**	**NO**	**44**	**45**	**46**	**47**	**48**	**49**	**50**	**T-24**	**T-25**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**	**40**	**41**	**42**	**43**
Condition of tanks (no leaks or excessive corrosion)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are tanks appropriately labeled? tank numbers, hazardous waste label and NFPA visible.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily			Page 4 of 12													
Name of INSPECTOR:			**Date:**							**Time of Inspection**						
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**													
	YES	NO	Tank Farm H						Tank Farm G							
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**						**Y** **N**							
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**						**Y** **N**							
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**						**Y** **N**							
Tank Farm	**Acceptable Overall**		**Tank Farm H**						**Tank Farm G**							
Tank ID	**YES**	**NO**	**26**	**27**	**28**	**29**	**30**	**31**	**R-37**	**R-49**	**16**	**17**	**18**	**19**	**20**	**21**
Condition of tanks (no leaks or excessive corrosion)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are tanks appropriately labeled: tank numbers, hazardous waste label and NFPA visible.?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily	Page 5 of 12

Name of INSPECTOR:	**Date:**	**Time of Inspection**

Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**	
	YES	NO	Tank Farm I	Tank Farm J
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**	**Y** **N**
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**	**Y** **N**
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**	**Y** **N**

Tank Farm	**Acceptable Overall**		**Tank Farm I**											**Tank Farm J**		
Tank ID	**YES**	**NO**	**83**	**84**	**85**	**101**	**102**	**103**	**104**	**Reb-35**	**Reb-36**	**Reb-42**	**Reb-43**	**Reb-48**	**NT-1**	**NT-2**	**NT3**
Condition of tanks (no leaks or excessive corrosion)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are tanks appropriately labeled: tank numbers, hazardous waste label and NFPA visible.?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily			Page 6 of 12							
Name of INSPECTOR:			**Date:**				**Time of Inspection**			
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**							
	YES	NO	Tank Farm Q							
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**							
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**							
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**							
Tank Farm	**Acceptable Overall**		**Tank Farm Q**							
Tank ID	**YES**	**NO**	**61**	**64**	**65**	**75**	**AES-1**	**AES-2**	**AES-3**	**AES-4**
Condition of tanks (no leaks or excessive corrosion)			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are tanks appropriately labeled tank numbers, hazardous waste label and NFPA visible.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily			Page 7 of 12											
Name of INSPECTOR:			**Date:**										**Time of Inspection**	
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**											
	YES	NO	Tank Farm K										Truck Wash Area	
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**										**Y** **N**	
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**										**Y** **N**	
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**										**Y** **N**	
Tank Farm	**Acceptable Overall**		**Tank Farm K**											**TW**
Tank ID	**YES**	**NO**	**T-13**	**B-2**	**B-3**	**B-3A**	**B-4**	**B-4A**	**B-5**	**B-6**	**B-6A**	**B-7**	**B8**	**TW-1**
Condition of tanks (no leaks or excessive corrosion)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are tanks appropriately labeled: Tank ID, HW, NFPA signs?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily			Page 8 of 12					
Name of INSPECTOR:			**Date:**			**Time of Inspection**		
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**					
Tank Farm K (Biosystem Area Units)	**YES**	**NO**	Biosystem (Carbon bed, Ion exchanger, UV), UV unit secondary containment **Inspections**					
Condition of tanks (no leaks or excessive corrosion)?			**Biosystem** Y N	**Carbon bed** Y N	**Ion exchanger** Y N	**UV / secondary containment** **Y** **N**	**Sand Filter (SF-1)** **Y** **N**	**Sand Filter (SF-2)** **Y** **N**
Are piping, pumps, flexible hoses and any equipment attached to auxiliary Units free from leaks?			Y N	Y N	Y N	Y N	Y N	Y N
Are pumps and connections to auxiliary units free of corrosion, deterioration, or visible damage?			Y N	Y N	Y N	Y N	Y N	Y N
Are their any visible signs of spills of carbon or resin in vicinity of auxiliary holding units (Carbon bed, Ion exchange bed, sand filters)?			Y N	Y N	Y N	**N/A**	**N/A**	**N/A**
Does the secondary containment tray holding UV Reactors free of corrosion, erosion or damage (cracks, gaps, holes etc.)?			**N/A**	**N/A**	**N/A**	Y N	**N/A**	**N/A**
Does the secondary containment tray holding UV Reactors have any standing liquid in them from precipitation or other sources?			**N/A**	**N/A**	**N/A**	Y N	**N/A**	**N/A**

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily																						Page 9 of 12
Name of INSPECTOR:								**Date:**														**Time of Inspection**
Item/Area			**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**																			
Production Area Units	**Acceptable Overall**		**C = Column, R = Reboiler, TF = Thin Film Unit, SSK = Stainless Steel Kettle, CC = Caustic Column, CCR = CC Reboiler, WWT = Water Wash Tank**																			
Unit ID	**YES**	**NO**	**C49**	**C37**	**CCR**	**CC**	**C36**	**C42**	**R32**	**C32**	**C24**	**R24**	**C48**	**C35**	**C43**	**SSK**	**TF-3**	**TF-2**	**TF-1**	**V24**	**V25**	**WWT**
Condition of units (no leaks or excessive corrosion)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are units appropriately labeled: tank numbers, hazardous waste label and NFPA visible.?			N/A	Y N	N/A	Y N	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y N	Y N	N/A	N/A	N/A	Y N	N/A	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily							Page 10 of 12
Name of INSPECTOR:			**Date:**				**Time of Inspection**
Item/Area	**Acceptable Overall** Yes	No	**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**				
Mobile Pumps							
Mobile Pumps			**MPP-01**	**MPP-02**	**MPC-03**	**MPC-04**	
Are pumps and any associated connections in good working order?			Y N	Y N	Y N	Y N	
Are pumps and connections free from leaks?			Y N	Y N	Y N	Y N	
Are pumps and connections free of corrosion, deterioration, or visible damage?			Y N	Y N	Y N	Y N	
West Storage Building #2 South - Sump							
Do the sumps have any standing liquid in them from precipitation or other sources?			Y N				
Is there an accumulation of solid debris, which may interfere with the collection?			Y N				
West Storage Building #2 North - Sump							
Do the sumps have any standing liquid in them from precipitation or other sources?			Y N				
Is there an accumulation of solid debris, which may interfere with the collection?			Y N				
West Storage Building #1 – Sump							
Do the sumps have any standing liquid in them from precipitation or other sources?			Sump (East) Y N			Sump (West) Y N	
Is there an accumulation of solid debris, which may interfere with the collection?			Y N			Y N	

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily	Page 11 of 12
Name of INSPECTOR:	**Date:**	**Time of Inspection**

Item/Area	**Acceptable Overall** Yes	No	**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**

Intra-facility Loading/Unloading Area																		
			1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**
Are trucks/tankers holding waste being attended by an operator during the unloading process?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are piping, pumps, flexible hoses and any associated transfer equipment in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are pumps and connections free from leaks?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are pumps and connections free of corrosion, deterioration, or visible damage?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are all containers including tankers free of leaks?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Is the existing bermed secondary containment or commercial temporary secondary containment structure free of corrosion, erosion or damage (cracks, gaps, holes etc.)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Is the existing bermed secondary containment or commercial temporary secondary containment structure have any standing liquid in them from precipitation or other sources?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are the grounding/bonding static lines free of structural damage?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Is all waste being transferred within 24 hours from containers including intra-facility tankers?			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**

ROMIC DAILY INSPECTION FORM (PRODUCTION)

LEGEND (Intra-facility Loading/Unloading Area)

1) East of West Storage Building #2
2) South of West Storage Building #2
3) East of West Storage Building #1
4) East of Tank Farm Q
5) West of Tank Farm I
6) West of Tank Farm H and Tank Farm G
7) West of Sampling Area
8) East of South Storage Building
9) East of Sampling Area
10) East of Tank Farm E
11) South of proposed Tank Farm E
12) South of proposed Tank Farm S
13) South of proposed Tank Farm T
14) Truck bay between Tank Farm MNO and Tank Farm CLR
15) Truck Bay between Tank Farm CLR and Tank Farm A
16) East of Tank Farm B and Tank Farm D
17) North of Tank Farm K

Other Comments:

Leaker Protocol

- To assist in identifying and repairing a possible leaker or similar repair the employee must fill out a work order.
- When describing the location write the tag number located on the valve, flange, or pump with a description.
- If no tag is available locate a nearby tag(s) to assist Maintenance with locating the item. "Below flange 50, same pipe," or "between valve 49 and valve 51".
- IMMEDIATELY turn the work order to the receptionist or EHS department. SWING and GRAVE shift are to drop work orders in the Maintenance drop box located in the Production Office

Comments / Corrective Action

Tank / Unit / Equipment ID	Comments

Supervisor / Manager Initials: _____ Date: _____

APPENDIX F-1

WEEKLY INSPECTION CHECKLISTS

SOUTH STORAGE BUILDING WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration or bulging? (Circle ones that apply)
			Comments:_____
2.	❑	❑	Are all incompatibles separated properly?
			Comments:_____
3.	❑	❑	Are all containers labeled as Hazardous Waste, Non-Hazardous Waste, or Product? If Waste:
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT / CalOSHA requirement]
			Comments:_____
4.	❑	❑	Are all containers kept fully closed, and is the ring-top secured during storage if applicable?
			Comments:_____
5.	❑	❑	Are containers stacked no more than two high (55-gallon drum equivalents) in a stable format?
			Comments:_____
6.	❑	❑	Are all containers of ignitable and reactive waste stored at least 50 feet from property line?
			Comments:_____
7.	❑	❑	No corrosive waste being stored?
			Comments:_____
8.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
9.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps, and damage?
			Comments:_____
10.	❑	❑	Is the secondary containment free of accumulated liquids?
			Comments:_____
11.	❑	❑	Are the portable fire extinguisher(s), eye-wash station(s), and spill control equipment accessible?
			Comments:_____
12.	❑	❑	Are all containers within 1 year of receipt (date on Romic Tracking Label)?
			Comments:_____
13.	❑	❑	Housekeeping: Is area free of debris?
			Comments: _____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

WEST STORAGE BUILDING #1 WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration or bulging? (Circle ones that apply)
			Comments:_____
2.	❑	❑	Are all incompatibles separated properly?
			Comments:_____
3.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste;
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT / CalOSHA requirements]
			Comments:_____
4.	❑	❑	Are all containers kept fully closed, and is the ring-top secured during storage if applicable?
			Comments:_____
5.	❑	❑	Are containers stacked no more than two high (55-gallon equivalents) in a stable format?
			Comments:_____
6.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
7.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps and damage?
			Comments:_____
8.	❑	❑	Is the secondary containment in good condition and free of accumulated liquids?
			Comments:_____
9.	❑	❑	Are the portable fire extinguisher(s), eye-wash station(s), and spill control equipment accessible?
			Comments:_____
10.	❑	❑	Are all containers within 1 year of receipt (date on Romic Tracking Label)?
			Comments:_____
11.	❑	❑	Housekeeping: Is area free of debris?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

NORTH STORAGE BUILDING WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration or bulging? (Circle ones that apply)
			Comments:_____
2.	❑	❑	Are all incompatibles separated properly?
			Comments:_____
3.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste:
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT and CalOSHA requirements]
			Comments:_____
4.	❑	❑	Are all containers kept fully closed during storage and the ring-top secured if applicable?
			Comments:_____
5.	❑	❑	Are all containers stacked no more than two high (55-gallon equivalents) in a stable format? (Tri-wall containers stacked two high is permissible.)
			Comments:_____
6.	❑	❑	Are all ignitable (D001) and reactive (D003) wastes stored at least 50 feet from property line?
			Comments:_____
7.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
8.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps, and damage?
			Comments:_____
9.	❑	❑	Is the secondary containment free of accumulated liquid?
			Comments:_____
10.	❑	❑	Are the portable fire extinguisher(s), eyewash station(s), and spill control equipment accessible?
			Comments:_____
11.	❑	❑	Do all containers being made empty meet the definition of California empty?
	❑	❑	- Are all empty containers labeled empty and dated?
			Comments: _____
12.	❑	❑	Are all containers within 1 year of receipt (date on Romic Tracking Label)?
			Comments:_____
13.	❑	❑	Housekeeping: Is area free of debris?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

SAMPLING AREA WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration or bulging? (Circle ones that apply).
			Comments:_____
2.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste:
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT and CalOSHA requirements]
			Comments:_____
3.	❑	❑	Are all containers kept fully closed during storage and the ring-top secured if applicable? [except during active sampling]
			Comments:_____
4.	❑	❑	- Are all containers in the Sampling Area arranged neatly and single stacked?
			Comments:_____
5.	❑	❑	Are all Ignitable (D001) and Reactive (D003) wastes stored at least 50 feet from property line, including fuels or aqueous containers being staged for transfer into bulk containers?
			Comments:_____
6.	❑	❑	Are incompatible wastes placed on spill pallets and isolated by a berm, dike or other divider?
			Comments:_____
7.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
8.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps, and damage?
			Comments:_____
9.	❑	❑	Is the secondary containment free of accumulated liquid?
			Comments:_____
10.	❑	❑	Are the portable fire extinguisher(s), eye-wash station(s), and spill control equipment accessible?
			Comments:_____
11.	❑	❑	Housekeeping: Is area free of debris?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

WEST STORAGE BUILDING #2 - SOUTH WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration, or bulging? (Circle ones that apply)
			Comments:_____
2.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste:
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT and CalOSHA requirements].
			Comments:_____
3.	❑	❑	Are all containers kept fully closed during storage and the ring-top secured if applicable?[except during active repackaging]
			Comments:_____
4.	❑	❑	Are containers stacked no more than two high (55-gallon drum equivalents) in a stable format?
			Comments:_____
5.	❑	❑	Are all containers of ignitable (D001) and reactive (D003) waste stored at least 50 feet from property lines?
			Comments_____
6.	❑	❑	Is the labpack consolidation area clean, dry and free of debris?
	❑	❑	- Are the containers in the area kept fully closed during storage and the ring-top secured? [except during active consolidation]
	❑	❑	- Is the scrubber ventilation system functioning properly?
			Comments:_____
7.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
8.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps and damage?
			Comments:_____
9.	❑	❑	Is the secondary containment free of accumulated liquid?
			Comments:_____
10.	❑	❑	Are the portable fire extinguisher(s), eye-wash station(s), and spill control equipment accessible?
			Comments:_____
11.	❑	❑	Are all containers within 1 year of receipt (date on Romic Tracking Label)?
			Comments: _____
12.	❑	❑	Housekeeping: Is area free of debris?
			Comments: _____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____ AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

WEST STORAGE BUILDING #2 - NORTH WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration or bulging? (Circle ones that apply)
			Comments:_____
2.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste,
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT and CalOSHA]
			Comments:_____
3.	❑	❑	Are all containers kept fully closed during storage and the ring-top secured if applicable?
			Comments:_____
4.	❑	❑	Are containers stacked no more than two high (55-gallon drum equivalents) in a stable format?
			Comments:_____
5.	❑	❑	Are all containers of ignitable (D001) and reactive (D003) waste stored at least 50 feet from property line?
			Comments_____
6.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning at an angle from the vertical axis?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
7.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps and damage?
			Comments:_____
8.	❑	❑	Is the secondary containment free of accumulated liquid?
			Comments: _____
9.	❑	❑	Are the portable fire extinguishers, eyewash station, and spill control equipment accessible?
			Comments: _____
10.	❑	❑	No containers left outside of permitted storage areas for more than one shift?
			Comments:_____
11.	❑	❑	Are all containers within 1 year of receipt (date on Romic Tracking Label)?
			Comments: _____
12.	❑	❑	Housekeeping: Is area free of debris?
			Comments: _____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____ AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

WEST ROLL-OFF STORAGE/END DUMP AREA WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are each of the bins within the size limit (not larger than 40-cubic yards)?
			Comments:_____
2.	❑	❑	Are each of the total bin count within the storage limit of up to **3 bins/end dumps** for West Roll-off storage location?
			Comments:_____
3.	❑	❑	Are each of the bins without evidence of dents, cuts, gouges, corrosion, abraded areas, leakage or any other condition that might render it unsafe for hazardous waste storage? (Circle ones that apply)
			Comments:_____
4.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste;
	❑	❑	- Do all of the bins have a Romic Tracking Label?
			Comments:_____
5.	❑	❑	Are the bins covered with a rigid lid, tarp or non-absorbent cover.
			Comments:_____
6.	❑	❑	Are the bins kept fully closed during storage? (except while adding or removing waste.)
			Comments:_____
7.	❑	❑	Are the bins stored on concrete?
			Comments:_____
8.	❑	❑	Is the area under and adjacent to the bins free of visible signs of spill or leaks?
			Comments:_____
9.	❑	❑	Are the bins within the 1-year date of receipt of the oldest container (Check operating record)?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

EAST ROLL-OFF/END DUMP STORAGE AREA WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Is the bin within the size limit (not larger than 40-cubic yards)?
			Comments:_____
2.	❑	❑	Is the total bin count within the storage limit of up to **1 bin/end dumps** for East Roll-off storage location?
			Comments:_____
3.	❑	❑	Is the bin without evidence of dents, cuts, gouges, corrosion, abraded areas, leakage or any other condition that might render it unsafe for hazardous waste storage? (Circle ones that apply).
			Comments:_____
4.	❑	❑	Is the container labeled as Hazardous or Non-Hazardous Waste? If Waste;
	❑	❑	- Does the bin have a Romic Tracking Label?
			Comments:_____
5.	❑	❑	Is the bin covered with a rigid lid, tarp or non-absorbent cover?
			Comments:_____
6.	❑	❑	Is the bin kept fully closed during storage? (except while adding or removing waste.)
			Comments:_____
7.	❑	❑	Is the bin stored on concrete?
			Comments:_____
8.	❑	❑	Is the area under and adjacent to the bin free of visible signs of spill or leaks?
			Comments:_____
9.	❑	❑	Is the bin within the 1-year date of receipt of the oldest container? (Check operating record).
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

NORTH ROLL-OFF/END DUMP STORAGE AREA WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are each of the bins within the size limit (not larger than 40-cubic yards)?
			Comments:_____
2.	❑	❑	Is the total bin count within the storage limit of up to **2 bins/end dumps** for North Roll-off storage location?
			Comments:_____
3.	❑	❑	Are the bins without evidence of dents, cuts, gouges, corrosion, abraded areas, leakage or any other condition that might render it unsafe for hazardous waste storage? (Circle ones that apply).
			Comments:_____
4.	❑	❑	Are all containers labeled as Hazardous Waste or Non-Hazardous Waste? If Waste;
	❑	❑	- Do all of the bins have a Romic Tracking Label?
			Comments:_____
5.	❑	❑	Are the bins covered with a rigid lid, tarp or non-absorbent cover?
			Comments:_____
6.	❑	❑	Are the bins kept fully closed during storage? (except while adding or removing waste.)
			Comments:_____
7.	❑	❑	Are the bins stored on concrete?
			Comments:_____
8.	❑	❑	Is the area under and adjacent to the bins free of visible signs of spill or leaks?
			Comments:_____
9.	❑	❑	Are the bins within the 1-year date of receipt of the oldest container? (Check operating record).
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

CONSOLIDATION ROLL-OFF/END DUMP STORAGE AREA WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are each the bins within the size limit (not larger than 40-cubic yards)?
			Comments:_____
2.	❑	❑	Is the total bin count within the storage limit of up to **2 bins/end dumps** for Consolidation Roll-off storage location?
			Comments:_____
3.	❑	❑	Are the bins without evidence of dents, cuts, gouges, corrosion, abraded areas, leakage or any other condition that might render it unsafe for hazardous waste storage? (Circle ones that apply).
			Comments:_____
4.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste;
	❑	❑	- Do the bins have a Romic Tracking Label?
			Comments:_____
5.	❑	❑	Are the bins covered with a rigid lid, tarp or non-absorbent cover?
			Comments:_____
6.	❑	❑	Are the bins kept fully closed during storage? (except while adding or removing waste.)
			Comments:_____
7.	❑	❑	Are the bins stored on concrete?
			Comments:_____
8.	❑	❑	Is the area under and adjacent to the bins free of visible signs of spill or leaks?
			Comments:_____
9.	❑	❑	Are the bins within the 1-year date of receipt of the oldest container (Check operating record)?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

ENHANCED SECONDARY CONTAINMENT – TRUCK PARKING AREA WEEKLY INSPECTION FORM

ENHANCED SECONDARY CONTAINMENT AREA #1

	Yes	No	
1.	❑	❑	Is the truck park area free of spill and leaks?
			Comments:_____
2.	❑	❑	Are all trucks/tankers storing hazardous waste/material properly placarded?
			Comments: _____
3.	❑	❑	Is the enhanced secondary containment area in good condition and free of cracks, gaps and damage?
			Comments:_____
4.	❑	❑	Is the enhanced secondary containment area free of standing liquids (unless precipitation from rainfall has accumulated)?
			Comments:_____
5.	❑	❑	Housekeeping: Is area free of debris?
			Comments: _____

ENHANCED SECONDARY CONTAINMENT AREA #2

	Yes	No	
1.	❑	❑	Is the truck park area free of spill and leaks?
			Comments:_____
2.	❑	❑	Are all trucks/tankers storing hazardous waste/material properly placarded?
			Comments: _____
3.	❑	❑	Is the enhanced secondary containment area in good condition and free of cracks, gaps and damage?
			Comments:_____
4.	❑	❑	Is the enhanced secondary containment area free of standing liquids (unless precipitation from rainfall has accumulated)?
			Comments:_____
5.	❑	❑	Housekeeping: Is area free of debris?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

INSPECTION INSTRUCTIONS FOR CONTAINER STORAGE AREA

CONTAINER INTEGRITY:

1. Visually inspect containers for leaks, corrosion and deterioration of the container that can lead to a leak or spill. Unacceptable container conditions are the following:

a. Top or side contains sludge, liquid residue or dried paint.
b. Chimes damaged with a sharp crease, break or crack.
c. Holes in any surface, sharp dents in side or distorted body.
d. Bulged top or bottom exceeding ½ inch above flange level.

2. Containers must be handled in such a manner to avoid damage

Roll-off Allowable Storage	
West Roll-Off	**3 bins**
East Roll-Off	**1 bin**
North Roll-Off	**2 bins**
Consolidation	**2 bins**

LABELING:

3. Visually inspect containers to ensure there are no damaged, torn or illegible labels.

a. Ensure that all containers of hazardous waste are properly labeled. Completed Hazardous Waste, DOT and Romic tracking label.
b. Ensure that containers have a Romic tracking label with the date of acceptance.

CONTAINER CLOSURE:

4. Visually verify that container bungs are tightly placed and for open top containers that the ring is securely placed on container.

a. When adding or removing waste, containers must be closed within a 15 minute period.
b. Employee must be in the immediately vicinity of open container.

CONTAINER STACKING:

1. Ensure stability of stacked drums. – If we can move the container with one hand, drums are not stacked properly.

a. Ensure labels are facing the aisle.
b. No drum stacking in the sampling area.
c. Small containers are to be stacked no higher than 2-55 gallon drums in height and must be stable.
d. Visually observe that stacked drums are not leaning in such as manner to appear unstable.

IGNITABLE CONTAINERS:

6. Ensure that drums with Ignitable (D001) and Reactive (D003) waste codes are no closer than 50 feet to the property line.

SEGREGATION OF INCOMPATIBILE CONTAINERS:

7. Visually observe for the following:

a. Oxidizers are on spill pallets. Oxidizers should not be stacked on or stored next to flammables.
b. Liquid acid corrosives should be placed on spill pallets separate from liquid base corrosives.
c. Corrosive, flammable, and oxidizer lab-packs are by definition secondary containment and therefore do not require additional containment.

AISLE SPACE:

8. Visually observe that adequate aisle space is maintained to allow the unobstructed movement of emergency equipment. Drums must be arranged neatly in order to strictly maintain the required 36-inch aisle space.

Additional Information

UNLOADING OF CONTAINERS:

1) Containers not unloaded from van trailer must be visually inspected within 24 hours for proper closure of container and for visible
2) cracks, holes, gaps, or other openings into the interior of the container.

COMPATIBILITY:

3) If transferring waste from one container to another, use metal containers for solvents and poly containers for corrosives.
4) Do not mix acid and bases together.
5) Do not mix oxidizers with any other materials.
6) Do not mix organics with any corrosive materials.

CONTAINER CAPACITY:

7) Container storage limits for the facility:
8) South Storage Building: 2,556 drums.
9) West Storage Building #1: 336 drums
10) North Storage Building: 830 drums.
11) Sampling Area: 741 drums.
12) West Storage Building #2 - South: 512 drums
13) West Storage Building #2 - North: 686 drums
14) Total drum storage at facility: 5,661 drums

EMPTY CONTAINERS:

15) California empty means that if the container is turned in any orientation, no liquid will fall from the container.
16) Containers must be labeled as “Empty”
17) Containers must have the Date the container when emptied.

STAGING OUTSIDE OF PERMITTED AREAS:

No hazardous waste containers are allowed to be staged outside of permitted storage areas for more than 24 hours.

APPENDIX F-1

MONTHLY INSPECTION CHECKLISTS

5 MINUTE ESCAPE BOTTLE MONTHLY INSPECTION CHECKLIST

An answer of no to any of the following questions requires the item to be corrected immediately, or the unit must be removed from service.

Bottle #	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**10**
Regulator #									
Is the condition of the bottle satisfactory? (no dents, dust, or contamination)									
Is the cylinder full?									
Is the date of the last hydro test within the last five years? Note date	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Is the date on the regulator within the last year? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the condition of the regulator, breathing tube, and exhalation valve satisfactory? (No contamination, kinks, bends, or cuts in the hose)									
Is the condition of the harness, especially at the metal fittings, satisfactory? (No missing fittings, cut harness, or contamination)									
Have you initialed the inspection tag ?									

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

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SCOTT SCBA MONTHLY INSPECTION CHECKLIST

An answer of NO to any of the following questions requires the unit must be removed from service.

Bottle #	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**
Regulator #								
Case #								
Is the equipment complete(bottle, harness, inspection tag)?								
Is the cylinder full? (Needle on yellow full mark.)								
Is the date on the regulator within the last year? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Has the bottle been hydrotested within the last five years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the face-piece, head straps, breathing tube, and exhalation valve in good condition?								
Is the condition of the harness satisfactory?								
Are the straps on the harness fully extended?								
Have you initialed the inspection tag ?								

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

SCBA MONTHLY INSPECTION CHECKLIST

An answer of NO to any of the following questions requires the unit must be removed from service.

Tank #	**1**	**2**	**3**	**4**	**5**	**6**
Regulator #						
Case #						
Harness #						
Brand/Model	**Survivair**	**Survivair**	**Survivair**	**Survivair**	**Survivair**	**Survivair**
Is the condition of the case satisfactory?						
Is the equipment complete (bottle, face-piece, harness, inspection tag)?						
Is the cylinder full? (2000 psi or more)						
Is the last regulator overhaul within the last three years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Is the last tank overhaul within the last three years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Is the date on the regulator within the last year? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Is the oldest date on the cylinder within fifteen years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the face-piece, head straps, breathing tube, and exhalation valve in good condition?						
Is the condition of the harness satisfactory?						
Are the straps on the face-piece and harness fully extended?						
Have you initialed the inspection tag ?						

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

SCBA MONTHLY INSPECTION CHECKLIST

An answer of NO to any of the following questions requires the unit must be removed from service.

Tank #	**7**	**8**	**9**	**10**	**11**	**12**
Regulator #		**Spare**	**Spare**	**Spare**		
Case #		**Spare**	**Spare**	**Spare**		
Harness #		**Spare**	**Spare**	**Spare**		
Brand/Model	**Survivair**	**Survivair**	**Survivair**	**Survivair**	**ISI Magnum**	**ISI Magnum**
Is the condition of the case satisfactory?		**Spare**	**Spare**	**Spare**		
Is the equipment complete (bottle, face-piece, harness, inspection tag)?		**Spare**	**Spare**	**Spare**		
Is the cylinder full? (2000 psi for Survivair, 4500 for ISI Magnum)						
Is the last regulator overhaul within the last three years? Note date.	Date_____	**Spare**	**Spare**	**Spare**	Date_____	Date_____
Is the last tank overhaul within the last three years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Is the date on the regulator within the last year? Note date.	Date_____	**Spare**	**Spare**	**Spare**	Date_____	Date_____
Is the oldest date on the cylinder within fifteen years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the face-piece, head straps, breathing tube, and exhalation valve in good condition?		**Spare**	**Spare**	**Spare**		
Is the condition of the harness satisfactory?		**Spare**	**Spare**	**Spare**		
Are the straps on the face-piece and harness fully extended?		**Spare**	**Spare**	**Spare**		
Have you initialed the inspection tag ?						

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

SCOTT SCBA MONTHLY INSPECTION CHECKLIST

An answer of NO to any of the following questions requires the unit must be removed from service.

Bottle #	**30**	**31**	**32**	**33**	**34**	**35**
Regulator #						
Case #						
Is the equipment complete(bottle, harness, inspection tag)?						
Is the cylinder full? (Needle on yellow full mark.)						
Is the date on the regulator within the last year? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Has the bottle been hydrotested within the last five years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the face-piece, head straps, breathing tube, and exhalation valve in good condition?						
Is the condition of the harness satisfactory?						
Are the straps on the harness fully extended?						
Have you initialed the inspection tag ?						

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

SCOTT SCBA MONTHLY INSPECTION CHECKLIST

An answer of NO to any of the following questions requires the unit must be removed from service.

Bottle #	**36**	**37**	**38**	**39**	**40**	**41**
Regulator #						
Case #						
Is the equipment complete(bottle, harness, inspection tag)?						
Is the cylinder full? (Needle on yellow full mark.)						
Is the date on the regulator within the last year? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Has the bottle been hydrotested within the last five years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the face-piece, head straps, breathing tube, and exhalation valve in good condition?						
Is the condition of the harness satisfactory?						
Are the straps on the harness fully extended?						
Have you initialed the inspection tag ?						

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

EMERGENCY SHOWER AND EYEWASH MONTHLY INSPECTIONS

Inspector: _____

Date: _____ Time: _____

	Equipment Location	Equipment Present	Evaluation		Comments
1	Tidy Bowl ** Level 1 **	Eyewash and Shower	Pass	Fail	
2	Tidy Bowl ** Level 2 **	Eyewash and Shower	Pass	Fail	
3	Consolidation ** Outdoor **	Eyewash and Shower	Pass	Fail	
4	Consolidation ** Indoor **	Eyewash and Shower	Pass	Fail	
5	Main Warehouse ** Outdoor **	Eyewash and Shower	Pass	Fail	
6	Production (Hose Rack) ** Outdoor**	Eyewash and Shower	Pass	Fail	
7	Laboratory ** Lvl 1 Outdoors **	Eyewash and Shower	Pass	Fail	
8	Laboratory ** Lvl 2 Indoors **	Eyewash and Shower	Pass	Fail	
9	Corrosives Warehouse	Eyewash and Shower	Pass	Fail	
10	Truck Maintanence ** Indoors **	Eyewash and Shower	Pass	Fail	
11	Welders Workshop ** Outdoors **	Eyewash and Shower	Pass	Fail	
12	Rear Trough (Tank Farm) ** Facing the Prod Line **	Eyewash and Shower	Pass	Fail	
13	Rear Trough (Tank Farm) ** Facing the Prod Line **	Eyewash	Pass	Fail	
14	Acid Skid - 1 of 2 Units ** Facing North **	Eyewash and Shower	Pass	Fail	
15	Acid Skid - 2 of 2 Units ** Facing West **	Eyewash and Shower	Pass	Fail	
16	Field Services **Lab Pack - Indoors **	Eyewash and Shower	Pass	Fail	
17	Field Services ** Product - Outdoors **	Eyewash and Shower	Pass	Fail	
18	Field Services ** Product - Indoors **	Eyewash and Shower	Pass	Fail	
19	Tanker Wash Rack ** Facing West **	Eyewash and Shower	Pass	Fail	
20	Production Line	Shower	Pass	Fail	

Corrections: _____

INSPECTION CERTIFIED BY:_____ DATE:_____

MONTHLY FIRE EXTINGUISHER INSPECTION

EXTING. #	CYLINDER SIZE	CLASS Type	LOCATION	FLOOR LOC.	"CHECK" IF "OK"	NEEDS A SEAL?	REMARKS
1	5	A-B-C	Bldg 1 - Mail Room	1			
2	5	A-B-C	Bldg 1 - Back Door	1			
3	5	HALON	Bldg 2 - Back Hall	1			
4	15	A-B-C	R&D Labratory	1			
5	5	A-B-C	Bldg 3 - Front Door	1			
6	5	HALON	Bldg 3 - Lab	1			
7	5	A-B-C	Bldg 3 - Back Door	1			
8	5	HALON	Bldg 3 - Back Office	1			
9	5	HALON	Bldg 3 - Lab	1			
10	5	A-B-C	Bldg 3 - Back Door	2			
11	5	HALON	Bldg 3 - Lab	2			
12	5	A-B-C	Bldg 3 - Lab	2			
13	5	A-B-C	Bldg 2 - Training Rm	1			
14	5	A-B-C	Bldg 2 - Side Door	1			
15	5	A-B-C	Bldg 2 - Side Door	1			
16	5	A-B-C	Bldg 2 - By Conference Room	1			
17	5	A-B-C	Bldg 2 - Stairwell	2			
18	5	A-B-C	Bldg 2 - West Back Door	2			
19	5	A-B-C	Bldg 2 - East Back Door	2			
20	350	A-B-C	By 500,000 gal. Tank	1	///////		TRAINING USE ONLY
21	350	comp N_2	Boiler Area	1			
22	30	A-B-C	Main Warehouse	1			
23	30	A-B-C	Main Warehouse	1			
24	30	A-B-C	FUEL TANKS	1			
25	30	A-B-C	PWRHOUSE	1			
26	30	A-B-C	Old Maint. Bldg	1			
27	350	comp N_2	Main Warehouse	1			
28	100	comp N_2	By Wash Rack/Cardboard	1			
29	30	A-B-C	HTU	1			
30	30	A-B-C	BOILEDR FEED PUMP	1			
31	30	A-B-C	PRODUCT. BY R-91	1			
32	30	A-B-C	WASHBAY	1			
33	30	A-B-C	PRODUCT. W. STAIRS	1			
34	30	A-B-C	PRODUCT. E. STAIRS	1			
35	5	A-B-C	PAINTER'S SHED	1			
36	30	A-B-C	BIO-SYSTEM	1			
37	30	A-B-C	COOL.TWRS.	1			
38	5	A-B-C	Bldg 1 - Bathrooms	2			
39	5	A-B-C	Bldg 1 - Kitchen	2			
40	5	A-B-C	Bldg 1 - Side Door	2			
41	30	A-B-C	AES STORAGE	1			
42	30	A-B-C	AES MIXING TANK	1			
43	5	A-B-C	AES WAREHOUSE	1			
44	5	HALON	LAB PACK WAREHOUSE CTRAIN	1			
45	30	A-B-C	DRUM SUCKING STATION	1			
47	20	A-B-C	WELDING WORKSHOP	1			
48	20	CO_2	WELDING WORKSHOP (PORTABLE)				
51	30	A-B-C	Corrosive Wharehouse	1			
52	30	A-B-C	Lab Pack Warehouse	1			
53	30	A-B-C	PRODUCT WAREHOUSE	1			
54	30	A-B-C	TIDY BOWL	1			
55	30	A-B-C	TIDY BOWL	1			
56	5	A-B-C	WASTE TRACKING	1			
57	5	A-B-C	R&D LABORATORY	1			
58	5	HALON	EH&S RECORDS OFFICE	2			
61	5	A-B-C	EHS RECORDS TRAILER	1			
62	5	A-B-C	EHS RECORDS TRAILER	1			
64	20	CO_2	WELDING WORKSHOP (PORTABLE)	1			
65	30	A - B	CONSOLIDATION	1			
66	20	A-B-C	CONSOLIDATION	1			
68	5	A-B-C	BUILDING 6	2			
69	5	A-B-C	BUILDING 6	2			
70	5	A-B-C	BUILDING 6	2			
71	5	A-B-C	PLANT MAINTENANCE	1			
72	20	A-B-C	PLANT MAINTENANCE	1			
73	20	A-B-C	PLANT MAINTENANCE	1			
74	20	A-B-C	PLANT MAINTENANCE	2			
76	30	A-B-C	WELDING WORKSHOP	1			
77	20	A-B-C	TRUCK SHOP	1			
78	20	A-B-C	TRUCK SHOP	1			
79	20	A-B-C	TRUCK SHOP	1			
80	5	A-B-C	BUILDING 2 BATHROOM	1			
81	5	A-B-C	BUILDING 2 BATHROOM	1			
82	20	A-B-C	TIDY BOWL	2			
83	20	A-B-C	TIDY BOWL	2			
84	20	A-B-C	REAR TROUGH	1			
85	20	A-B-C	PRODUCTION SWITCH RACK	2			
86	20	A-B-C	PRODUCTION SWITCH RACK	2			
89	20	A-B-C	LAB PACK WAREHOUSE CTRAIN	1			
90	20	CLASS D	LAB PACK WAREHOUSE	1			
91	20	CLASS D	MAIN WAREHOUSE	1			
92	20	CLASS D	CONSOLIDATION WAREHOUSE	1			
93	20	CLASS D	LAB PACK WAREHOUSE CTRAIN	1			
94	5	A-B-C	CONSOLIDATION WAREHOUSE	1			
95	10	A-B-C	WASHRACK	1			
96	10	A-B-C	WASHRACK	1			

Inspector:

Date:

Time:

AM / PM

Additional Notations:

INSPECTION CERTIFIED BY:

Date:

H:\Work\Enviro\Safety\Programs\Inspectn\Fireext

EXTINGUISHER #	SIZE	TYPE	LOCATION	FLOOR	REMARKS
53	30	PKP	W.WHSE.-Clear Product.	1	
54	30	PKP	TIDY BOWL	1	
55	30	PKP	TIDY BOWL	1	
56	5	PKP	WASTE TRACKING	1	
57	5	PKP	R&D LAB	1	
58	5	HALON	Sales Bullpen	2	
61	5	PKP	EH&S Trailer	1	
62	5	PKP	EH&S Trailer	1	
63	20	CO2	Welders	1	
64	20	CO2	Welders	1	
65	30	PKDC	Consolidation	1	
66	30	PKDC	Consolidation	1	
67	100	CO2	ACID SKID	1	
68	5	PKP	BUILDING 6	2	
69	5	PKP	BUILDING 6	2	
70	5	PKP	BUILDING 6	2	
71	5	PKP	Plant Maintenance B6	1	
72	20	PKP	Plant Maintenance B6	1	
73	20	PKP	Plant Maintenance B6	1	
74	15	HALON	Plant Maintenance B6	2	
75	15	HALON	Plant Maintenance B6	2	
76	30	PKP	Building 6 Welding	1	
77	20	PKP	Building 6 Truck Shop	1	
78	20	PKP	Building 6 Truck Shop	1	
79	20	PKP	Building 6 Truck Shop	1	
80	5	PKP	Building 2 Bathroom	1	
81	5	PKP	Building 2 Bathroom	1	
82	20	PKP	TIDY BOWL	2	
83	20	PKP	TIDY BOWL	2	
84	20	PKP	Rear Trough	1	
85	20	PKP	Product. Switch Rack	2	
86	20	PKP	Product. Switch Rack	2	
87	20	WATER	Welder's Bldg. 6	1	
88	20	WATER	Welder's Bldg. 6	1	
89	20	PKP	Lab Pack Consolidation	1	
90	20	Class D	Lab Pack Warehouse	1	
91	20	Class D	Main Warehouse	1	
92	20	Class D	Consolidation Warehouse	1	

Inspector:_____**Date:**_____**Time:**_____**am/pm**

CORRECTIONS:

_____ _____

_____

_____

_____

_____

_____

EMERGENCY SPILL KIT
MONTHLY INSPECTIONS

Inspector:_____

Date:_____ Time:_____

	Equipment Location	Equipment Condition
1	Near Acid Skid	
2	Next to Acid Warehouse	
3	Field Services Warehouse	
4	Main Warehouse – row 38	
5	Main Warehouse - row 7	
6	Consolidation Warehouse	
7	**Acid Kit** – Near Tank Farm Q	
8	**Acid Kit** – Near Acid Skid	

Corrections:

INSPECTION CERTIFIED BY:_____ DATE:_____

EMERGENCY SPILL RESPONSE KITS CONTAIN THE FOLLOWING SUPPLIES:

1. ONE - FLOOR BROOM
2. ONE - NON-SPARKING SHOVEL
3. EIGHT - BAGS SPILL DRY
4. ONE - 50LBS. BAG OF SODIUM SESQUICARBONATE OR SODA ASH
   (FOR CAUSTIC AND ACID SPILLS)
5. TWO PAIR - BLUE POLYCOATED TYVEK
   (SIZE XXXL - WITH HOOD)
6. TWO PAIR - BLUE POLYCOATED TYVEK
   (SIZE XL - WITH HOOD)
7. TWO PAIR - WHITE TYVEK
   (SIZE XXL)
8. TWO PAIR - BLACK NEOPRENE GLOVES
9. TWO PAIR - GREEN ACID GLOVES
10. EIGHT PAIR - SKINSAFE UNDERGLOVES
    (SIZE LARGE)
11. EIGHT - ABSORBENT PADS

ACID KITS CONTAIN THE FOLLOWING SUPPLIES:

1. TWELVE PAIR- GREEN ACID GLOVES
2. EIGHT BAGS - SODA ASH
3. TWO PAIR - GREY POLYCOATED TYVEK
   (SIZE XXXL - WITH HOOD)
4. TWO PAIR - GREY POLYCOATED TYVEK
   (SIZE XL - WITH HOOD)

C-TRAIN

EMERGENCY RESPONSE MONTHLY INSPECTION CHECKLIST

INSPECTOR:_____DATE:_____TIME:_____AM/PM

EQUIPMENT	INVENTORY	Potential Problems	CONDITION (Ö = meets inventory & good condition)
"Emergency Personnel" safety vests	8	Missing Inventory	
¾" PVC Piping	4X4 bundles + 9-1"w/L piece	Broken, missing	
Absorbent Pads	5 bags	Used or needs replacement	
Boots, Rubber (size 10)	6 pair	Used or needs replacement	
Boots, Rubber (size 11)	5 pair	Used or needs replacement	
Boots, Rubber (size 12)	5 pair	Used or needs replacement	
Boots, Rubber (size 13)	6 pair	Used or needs replacement	
Brushes, Brown / White Scrub	10	Used or needs replacement	
Brushes, large with broom handles	6	Used or needs replacement	
Brushes, Rubbermade Utility w/ Handle	6	Used or needs replacement	
Chemical Hazard Tape	3 rolls	Used or needs replacement	
Danger Tape	3 rolls	Used or needs replacement	
Detergent, A-33 Dry (90 – ½ oz.packets)	1	Used or needs replacement	
Detergent, Envirocide	1	Used or needs replacement	
Emergency eyewash	1	Used or solution expired	
Facility Site Plan (08/98)	1	Missing	
First Aid Kit (White Metal Box)	1	Items out of stock, kit missing	
First Responder Kit	1	Items out of stock, kit missing	
Gloves, 14" PVC (one size)	9 dozen	Used or needs replacement	
Gloves, Black Industrial NEOX (one size)	1 box	Used or needs replacement	
Gloves, DAK 14" Vinyl (L-XL)	4 cases	Used or needs replacement	
Gloves, Durathin (M-L)	12 cases	Used or needs replacement	
Hazardous Materials Management Plan	1	Missing	
Immobilization Backboard	1	Missing	
Megaphone	1	Batteries dead, missing, non-functional	

Non-sparking shovels	6	Used or needs replacement	
Orange cones	4	Used or needs replacement	
Orange Flag	1	Used or needs replacement	
Powersorb Universal Sorbent Minibooms	8 cases	Used or needs replacement	
Red ROMIC hard hat	2	Missing	
Saranex Emergency Clothing	4 boxes	Used or needs replacement	
SCBA - Spare	3	Masked cracked, low air supply, cuts in hoses, dents, hydrotest due, regulator requiring service	See SCBA Monthly Inspection
SCBA – With Harness	9	Masked cracked, low air supply, cuts in hoses, dents, hydrotest due, regulator requiring service, harness damaged	See SCBA Monthly Inspection
SOLO Pressure Sprayers	4	Missing, non-functional	
Chemical Cartridges for respirators	20	Cartridges damaged or stock low	
Standard Industrial Absorbent	50 bags	Out of stock	
Overpack drums	12	Out of stock	
Visqueen Plastic	2 rolls	Used or needs replacement	
Walkie-talkie	1	Speaker broken, battery low, non-functional	
ZEE Oxygen USP	1	Pressure low	

CORRECTIVE ACTION VERIFIED BY:

Inspector:_____
Supervisor:_____

Date: _____ Date:_____

ROMIC ENVIRONMENTAL TECHNOLOGIES

MONTHLY SECURITY INSPECTION

MONTH: _____

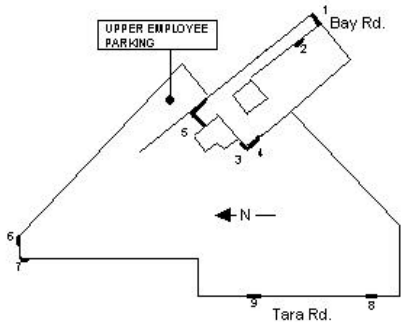
CONDUCTED BY: _____

Inspection Date: _____

PURPOSE: To assure all security equipment and subsequent inspections are done on a consistent basis

EXTERNAL FACILITY INSPECTIONS: COMMENTS / SPECIAL INSTRUCTIONS (see reverse for suggestions)

PERIMETER FENCING:



_____
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_____

GATE SOUTH #1: _____

GATE SOUTH #2: _____

GATE WEST #3: _____

GATE WEST #4: _____

GATE INBOUND #5: _____

GATE NORTH #6: _____

GATE NORTH #7: _____

GATE TARA ROAD #8: _____

GATE TARA ROAD #9: _____

HAZARDOUS WASTE WARNING SIGNS: _____
_____

INTERNAL FACILITY INSPECTIONS: COMMENTS / SPECIAL INSTRUCTIONS (see reverse for suggestions)

OUTDOOR LIGHTS: _____

INDOOR EMERGENCY LIGHTS: _____
_____
_____

SECURITY CAMERAS: (1) Gate South #1 _____ (2) Gate Inbound #5 _____ (3) Liq. Sec. Tower_____

SECURITY MONITORS: (1) Production _____(2) Waste Tracking _____(3) Front Desk_____(4) Eng. _____

SECURITY VIDEOCASSETTES: _____

VIDEOCASSETTE LOG: _____

ENTRY DOORS: _____

SEA-TRAIN CONTAINERS (Manifest / Accounting records): _____
_____

CORRECTIVE ACTIONS: _____

(WORK ORDER / RESPONSIBLE PARTY)

INSPECTOR SIGNATURE: _____ DATE: _____

CERTIFIED BY _____ DATE: _____

APPENDIX F-1

INSPECTION FORMS

TANKER INSPECTION FORM

Inspect each tanker prior to use for intra-facility transfer

Date:		**Tanker ID:**	
Time:			

ITEM	ACCEPTABLE		COMMENTS
	Yes	No	
Tanker Shell: (free from damage, corrosion, leaks)			
Pump Motor and Pump: (operating properly, not leaking, adequate fluid levels)			
Vacuum Gauges: (operating)			
Float (Level) Gauges: (operating)			
Valves: (operating properly; not leaking)			
Hoses and Fittings: (Not damaged; not leaking)			
No evidence of leaks or spills: (no pooling of liquids, staining or concrete, drips, or visible vapor emissions)			
Locate spill control and emergency equipment in area of transfer			
Additional comments:			

If tanker condition is identified as unacceptable, do not use until corrected. Note corrective action above.

Inspector Name:	

rev. 4/05

APPENDIX F-1

DAILY INSPECTION CHECKLISTS

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily			Page 1 of 12				
Name of INSPECTOR:			**Date:**			**Time of Inspection**	
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded on Page 12 for all NO answers.**				
	YES	NO	**VOC Control System and HTU Area**				**Drum crusher**
VOC System (data recording system) operating.			**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
			HTU	**HTU-1**	**HTU-2**	**HTU Area**	
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**
No standing liquid in containment (unless within 24 hours of rainstorm): Indicate time rainstorm ended:			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**
Condition of HTU tanks (no leaks or excessive corrosion)			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**N/A**
Valves closed and capped when not in use.			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**N/A**
Sampling valves closed.			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**N/A**
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**
Are control systems(e.g. chain driven roller, hydraulic piston compressor of drum crusher); spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**	**Y** **N**

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily	Page 2 of 12
Name of INSPECTOR:	**Date:** **Time of Inspection**

Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**		
	YES	NO	Tank Farm A	Tank Farm B	LIQ (Liquefaction Process Area) PT= Product Tank
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**	**Y** **N**	**Y** **N**
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**	**Y** **N**	**Y** **N**
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**	**Y** **N**	**Y** **N**

Tank Farm	**Acceptable Overall**		**Tank Farm A**														**Tank Farm B**					**LIQ**
Tank ID	**YES**	**NO**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**K**	**L**	**M**	**R-91**	**R-92**	**R-93**	**R-94**	**R-95**	**PT1**
Condition of tanks (no leaks or excessive corrosion)?			**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	Y N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N	**Y** N
Valves closed and capped when not in use.			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Sampling valves closed			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Are tanks appropriately labeled: tank numbers, hazardous waste label and NFPA visible.			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily											Page 3 of 12											
Name of INSPECTOR:			**Date:**								**Time of Inspection**											
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**																			
	YES	NO	Tank Farm CLR								Tank Farm MNO											
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**								**Y** **N**											
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**								**Y** **N**											
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**								**Y** **N**											
Tank Farm	**Acceptable Overall**		**Tank Farm CLR**								**Tank Farm MNO**											
Tank ID	**YES**	**NO**	**44**	**45**	**46**	**47**	**48**	**49**	**50**	**T-24**	**T-25**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**	**40**	**41**	**42**	**43**
Condition of tanks (no leaks or excessive corrosion)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are tanks appropriately labeled? tank numbers, hazardous waste label and NFPA visible.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily			Page 4 of 12													
Name of INSPECTOR:			**Date:**							**Time of Inspection**						
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**													
	YES	NO	Tank Farm H						Tank Farm G							
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**						**Y** **N**							
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**						**Y** **N**							
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**						**Y** **N**							
Tank Farm	**Acceptable Overall**		**Tank Farm H**						**Tank Farm G**							
Tank ID	**YES**	**NO**	**26**	**27**	**28**	**29**	**30**	**31**	**R-37**	**R-49**	**16**	**17**	**18**	**19**	**20**	**21**
Condition of tanks (no leaks or excessive corrosion)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are tanks appropriately labeled: tank numbers, hazardous waste label and NFPA visible.?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily	Page 5 of 12

Name of INSPECTOR:	**Date:**	**Time of Inspection**

Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**	
	YES	NO	Tank Farm I	Tank Farm J
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**	**Y** **N**
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**	**Y** **N**
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**	**Y** **N**

Tank Farm	**Acceptable Overall**		**Tank Farm I**											**Tank Farm J**		
Tank ID	**YES**	**NO**	**83**	**84**	**85**	**101**	**102**	**103**	**104**	**Reb-35**	**Reb-36**	**Reb-42**	**Reb-43**	**Reb-48**	**NT-1**	**NT-2**	**NT3**
Condition of tanks (no leaks or excessive corrosion)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are tanks appropriately labeled: tank numbers, hazardous waste label and NFPA visible.?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily			Page 6 of 12							
Name of INSPECTOR:			**Date:**				**Time of Inspection**			
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**							
	YES	NO	Tank Farm Q							
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**							
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**							
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**							
Tank Farm	**Acceptable Overall**		**Tank Farm Q**							
Tank ID	**YES**	**NO**	**61**	**64**	**65**	**75**	**AES-1**	**AES-2**	**AES-3**	**AES-4**
Condition of tanks (no leaks or excessive corrosion)			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are tanks appropriately labeled tank numbers, hazardous waste label and NFPA visible.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily			Page 7 of 12											
Name of INSPECTOR:			**Date:**										**Time of Inspection**	
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**											
	YES	NO	Tank Farm K										Truck Wash Area	
General housekeeping (no loose materials, trash, PPE, spill residues, tools, equipment, supplies, etc.)?			**Y** **N**										**Y** **N**	
No standing liquid in containment (unless within 24 hours of rainstorm)? Indicate time rainstorm ended.			**Y** **N**										**Y** **N**	
Containment area (No evidence of leaks, cracks, gaps, damage)?			**Y** **N**										**Y** **N**	
Tank Farm	**Acceptable Overall**		**Tank Farm K**											**TW**
Tank ID	**YES**	**NO**	**T-13**	**B-2**	**B-3**	**B-3A**	**B-4**	**B-4A**	**B-5**	**B-6**	**B-6A**	**B-7**	**B8**	**TW-1**
Condition of tanks (no leaks or excessive corrosion)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are tanks appropriately labeled: Tank ID, HW, NFPA signs?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily			Page 8 of 12					
Name of INSPECTOR:			**Date:**			**Time of Inspection**		
Item/Area	**Acceptable Overall**		**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**					
Tank Farm K (Biosystem Area Units)	**YES**	**NO**	Biosystem (Carbon bed, Ion exchanger, UV), UV unit secondary containment **Inspections**					
Condition of tanks (no leaks or excessive corrosion)?			**Biosystem** Y N	**Carbon bed** Y N	**Ion exchanger** Y N	**UV / secondary containment** **Y** **N**	**Sand Filter (SF-1)** **Y** **N**	**Sand Filter (SF-2)** **Y** **N**
Are piping, pumps, flexible hoses and any equipment attached to auxiliary Units free from leaks?			Y N	Y N	Y N	Y N	Y N	Y N
Are pumps and connections to auxiliary units free of corrosion, deterioration, or visible damage?			Y N	Y N	Y N	Y N	Y N	Y N
Are their any visible signs of spills of carbon or resin in vicinity of auxiliary holding units (Carbon bed, Ion exchange bed, sand filters)?			Y N	Y N	Y N	**N/A**	**N/A**	**N/A**
Does the secondary containment tray holding UV Reactors free of corrosion, erosion or damage (cracks, gaps, holes etc.)?			**N/A**	**N/A**	**N/A**	Y N	**N/A**	**N/A**
Does the secondary containment tray holding UV Reactors have any standing liquid in them from precipitation or other sources?			**N/A**	**N/A**	**N/A**	Y N	**N/A**	**N/A**

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily																						Page 9 of 12
Name of INSPECTOR:								**Date:**														**Time of Inspection**
Item/Area			**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**																			
Production Area Units	**Acceptable Overall**		**C = Column, R = Reboiler, TF = Thin Film Unit, SSK = Stainless Steel Kettle, CC = Caustic Column, CCR = CC Reboiler, WWT = Water Wash Tank**																			
Unit ID	**YES**	**NO**	**C49**	**C37**	**CCR**	**CC**	**C36**	**C42**	**R32**	**C32**	**C24**	**R24**	**C48**	**C35**	**C43**	**SSK**	**TF-3**	**TF-2**	**TF-1**	**V24**	**V25**	**WWT**
Condition of units (no leaks or excessive corrosion)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Valves closed and capped when not in use.			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sampling valves closed			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Condition of associated equipment, (pumps, valves, piping, flanges, other connections) not leaking or excessive corrosion?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are control systems: spill prevention controls (e.g. check valves) and overfill prevention controls (e.g. high level alarms, feed cut-off, level gauges) in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are units appropriately labeled: tank numbers, hazardous waste label and NFPA visible.?			N/A	Y N	N/A	Y N	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y N	Y N	N/A	N/A	N/A	Y N	N/A	Y N	Y N

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily							Page 10 of 12
Name of INSPECTOR:			**Date:**				**Time of Inspection**
Item/Area	**Acceptable Overall** Yes	No	**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**				
Mobile Pumps							
Mobile Pumps			**MPP-01**	**MPP-02**	**MPC-03**	**MPC-04**	
Are pumps and any associated connections in good working order?			Y N	Y N	Y N	Y N	
Are pumps and connections free from leaks?			Y N	Y N	Y N	Y N	
Are pumps and connections free of corrosion, deterioration, or visible damage?			Y N	Y N	Y N	Y N	
West Storage Building #2 South - Sump							
Do the sumps have any standing liquid in them from precipitation or other sources?			Y N				
Is there an accumulation of solid debris, which may interfere with the collection?			Y N				
West Storage Building #2 North - Sump							
Do the sumps have any standing liquid in them from precipitation or other sources?			Y N				
Is there an accumulation of solid debris, which may interfere with the collection?			Y N				
West Storage Building #1 – Sump							
Do the sumps have any standing liquid in them from precipitation or other sources?			Sump (East) Y N			Sump (West) Y N	
Is there an accumulation of solid debris, which may interfere with the collection?			Y N			Y N	

ROMIC DAILY INSPECTION FORM (PRODUCTION)

Complete and Compile Full Package Daily	Page 11 of 12
Name of INSPECTOR:	**Date:**	**Time of Inspection**

Item/Area	**Acceptable Overall** Yes	No	**Comments/Corrective Action Taken** **Identify specific area/equipment when corrective action is required** **Work orders and/or written corrective action must be recorded** on Page 12 **for all NO answers.**

Intra-facility Loading/Unloading Area																		
			1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**
Are trucks/tankers holding waste being attended by an operator during the unloading process?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are piping, pumps, flexible hoses and any associated transfer equipment in good working order?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are pumps and connections free from leaks?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are pumps and connections free of corrosion, deterioration, or visible damage?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are all containers including tankers free of leaks?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Is the existing bermed secondary containment or commercial temporary secondary containment structure free of corrosion, erosion or damage (cracks, gaps, holes etc.)?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Is the existing bermed secondary containment or commercial temporary secondary containment structure have any standing liquid in them from precipitation or other sources?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are the grounding/bonding static lines free of structural damage?			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Is all waste being transferred within 24 hours from containers including intra-facility tankers?			**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**

ROMIC DAILY INSPECTION FORM (PRODUCTION)

LEGEND (Intra-facility Loading/Unloading Area)

1) East of West Storage Building #2
2) South of West Storage Building #2
3) East of West Storage Building #1
4) East of Tank Farm Q
5) West of Tank Farm I
6) West of Tank Farm H and Tank Farm G
7) West of Sampling Area
8) East of South Storage Building
9) East of Sampling Area
10) East of Tank Farm E
11) South of proposed Tank Farm E
12) South of proposed Tank Farm S
13) South of proposed Tank Farm T
14) Truck bay between Tank Farm MNO and Tank Farm CLR
15) Truck Bay between Tank Farm CLR and Tank Farm A
16) East of Tank Farm B and Tank Farm D
17) North of Tank Farm K

Other Comments:

Leaker Protocol

- To assist in identifying and repairing a possible leaker or similar repair the employee must fill out a work order.
- When describing the location write the tag number located on the valve, flange, or pump with a description.
- If no tag is available locate a nearby tag(s) to assist Maintenance with locating the item. "Below flange 50, same pipe," or "between valve 49 and valve 51".
- IMMEDIATELY turn the work order to the receptionist or EHS department. SWING and GRAVE shift are to drop work orders in the Maintenance drop box located in the Production Office

Comments / Corrective Action

Tank / Unit / Equipment ID	Comments

Supervisor / Manager Initials: _____ Date: _____

APPENDIX F-1

WEEKLY INSPECTION CHECKLISTS

SOUTH STORAGE BUILDING WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration or bulging? (Circle ones that apply)
			Comments:_____
2.	❑	❑	Are all incompatibles separated properly?
			Comments:_____
3.	❑	❑	Are all containers labeled as Hazardous Waste, Non-Hazardous Waste, or Product? If Waste:
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT / CalOSHA requirement]
			Comments:_____
4.	❑	❑	Are all containers kept fully closed, and is the ring-top secured during storage if applicable?
			Comments:_____
5.	❑	❑	Are containers stacked no more than two high (55-gallon drum equivalents) in a stable format?
			Comments:_____
6.	❑	❑	Are all containers of ignitable and reactive waste stored at least 50 feet from property line?
			Comments:_____
7.	❑	❑	No corrosive waste being stored?
			Comments:_____
8.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
9.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps, and damage?
			Comments:_____
10.	❑	❑	Is the secondary containment free of accumulated liquids?
			Comments:_____
11.	❑	❑	Are the portable fire extinguisher(s), eye-wash station(s), and spill control equipment accessible?
			Comments:_____
12.	❑	❑	Are all containers within 1 year of receipt (date on Romic Tracking Label)?
			Comments:_____
13.	❑	❑	Housekeeping: Is area free of debris?
			Comments: _____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

WEST STORAGE BUILDING #1 WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration or bulging? (Circle ones that apply)
			Comments:_____
2.	❑	❑	Are all incompatibles separated properly?
			Comments:_____
3.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste;
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT / CalOSHA requirements]
			Comments:_____
4.	❑	❑	Are all containers kept fully closed, and is the ring-top secured during storage if applicable?
			Comments:_____
5.	❑	❑	Are containers stacked no more than two high (55-gallon equivalents) in a stable format?
			Comments:_____
6.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
7.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps and damage?
			Comments:_____
8.	❑	❑	Is the secondary containment in good condition and free of accumulated liquids?
			Comments:_____
9.	❑	❑	Are the portable fire extinguisher(s), eye-wash station(s), and spill control equipment accessible?
			Comments:_____
10.	❑	❑	Are all containers within 1 year of receipt (date on Romic Tracking Label)?
			Comments:_____
11.	❑	❑	Housekeeping: Is area free of debris?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

NORTH STORAGE BUILDING WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration or bulging? (Circle ones that apply)
			Comments:_____
2.	❑	❑	Are all incompatibles separated properly?
			Comments:_____
3.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste:
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT and CalOSHA requirements]
			Comments:_____
4.	❑	❑	Are all containers kept fully closed during storage and the ring-top secured if applicable?
			Comments:_____
5.	❑	❑	Are all containers stacked no more than two high (55-gallon equivalents) in a stable format? (Tri-wall containers stacked two high is permissible.)
			Comments:_____
6.	❑	❑	Are all ignitable (D001) and reactive (D003) wastes stored at least 50 feet from property line?
			Comments:_____
7.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
8.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps, and damage?
			Comments:_____
9.	❑	❑	Is the secondary containment free of accumulated liquid?
			Comments:_____
10.	❑	❑	Are the portable fire extinguisher(s), eyewash station(s), and spill control equipment accessible?
			Comments:_____
11.	❑	❑	Do all containers being made empty meet the definition of California empty?
	❑	❑	- Are all empty containers labeled empty and dated?
			Comments: _____
12.	❑	❑	Are all containers within 1 year of receipt (date on Romic Tracking Label)?
			Comments:_____
13.	❑	❑	Housekeeping: Is area free of debris?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

SAMPLING AREA WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration or bulging? (Circle ones that apply).
			Comments:_____
2.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste:
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT and CalOSHA requirements]
			Comments:_____
3.	❑	❑	Are all containers kept fully closed during storage and the ring-top secured if applicable? [except during active sampling]
			Comments:_____
4.	❑	❑	- Are all containers in the Sampling Area arranged neatly and single stacked?
			Comments:_____
5.	❑	❑	Are all Ignitable (D001) and Reactive (D003) wastes stored at least 50 feet from property line, including fuels or aqueous containers being staged for transfer into bulk containers?
			Comments:_____
6.	❑	❑	Are incompatible wastes placed on spill pallets and isolated by a berm, dike or other divider?
			Comments:_____
7.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
8.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps, and damage?
			Comments:_____
9.	❑	❑	Is the secondary containment free of accumulated liquid?
			Comments:_____
10.	❑	❑	Are the portable fire extinguisher(s), eye-wash station(s), and spill control equipment accessible?
			Comments:_____
11.	❑	❑	Housekeeping: Is area free of debris?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

WEST STORAGE BUILDING #2 - SOUTH WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration, or bulging? (Circle ones that apply)
			Comments:_____
2.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste:
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT and CalOSHA requirements].
			Comments:_____
3.	❑	❑	Are all containers kept fully closed during storage and the ring-top secured if applicable?[except during active repackaging]
			Comments:_____
4.	❑	❑	Are containers stacked no more than two high (55-gallon drum equivalents) in a stable format?
			Comments:_____
5.	❑	❑	Are all containers of ignitable (D001) and reactive (D003) waste stored at least 50 feet from property lines?
			Comments_____
6.	❑	❑	Is the labpack consolidation area clean, dry and free of debris?
	❑	❑	- Are the containers in the area kept fully closed during storage and the ring-top secured? [except during active consolidation]
	❑	❑	- Is the scrubber ventilation system functioning properly?
			Comments:_____
7.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
8.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps and damage?
			Comments:_____
9.	❑	❑	Is the secondary containment free of accumulated liquid?
			Comments:_____
10.	❑	❑	Are the portable fire extinguisher(s), eye-wash station(s), and spill control equipment accessible?
			Comments:_____
11.	❑	❑	Are all containers within 1 year of receipt (date on Romic Tracking Label)?
			Comments: _____
12.	❑	❑	Housekeeping: Is area free of debris?
			Comments: _____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____ AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

WEST STORAGE BUILDING #2 - NORTH WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are all containers free of leaks, corrosion, deterioration or bulging? (Circle ones that apply)
			Comments:_____
2.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste,
	❑	❑	- Do all containers have a Romic Tracking Label?
	❑	❑	- Are all labels in good condition (No damaged, torn, or illegible labels)? [DOT and CalOSHA]
			Comments:_____
3.	❑	❑	Are all containers kept fully closed during storage and the ring-top secured if applicable?
			Comments:_____
4.	❑	❑	Are containers stacked no more than two high (55-gallon drum equivalents) in a stable format?
			Comments:_____
5.	❑	❑	Are all containers of ignitable (D001) and reactive (D003) waste stored at least 50 feet from property line?
			Comments_____
6.	❑	❑	Is the 36-inch minimum space between aisles maintained for all aisles?
	❑	❑	- Are containers positioned within the lines without leaning at an angle from the vertical axis?
	❑	❑	- Are container labels facing aisle?
			Comments:_____
7.	❑	❑	Is the secondary containment in good condition and free of cracks, gaps and damage?
			Comments:_____
8.	❑	❑	Is the secondary containment free of accumulated liquid?
			Comments: _____
9.	❑	❑	Are the portable fire extinguishers, eyewash station, and spill control equipment accessible?
			Comments: _____
10.	❑	❑	No containers left outside of permitted storage areas for more than one shift?
			Comments:_____
11.	❑	❑	Are all containers within 1 year of receipt (date on Romic Tracking Label)?
			Comments: _____
12.	❑	❑	Housekeeping: Is area free of debris?
			Comments: _____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____ AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

WEST ROLL-OFF STORAGE/END DUMP AREA WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are each of the bins within the size limit (not larger than 40-cubic yards)?
			Comments:_____
2.	❑	❑	Are each of the total bin count within the storage limit of up to **3 bins/end dumps** for West Roll-off storage location?
			Comments:_____
3.	❑	❑	Are each of the bins without evidence of dents, cuts, gouges, corrosion, abraded areas, leakage or any other condition that might render it unsafe for hazardous waste storage? (Circle ones that apply)
			Comments:_____
4.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste;
	❑	❑	- Do all of the bins have a Romic Tracking Label?
			Comments:_____
5.	❑	❑	Are the bins covered with a rigid lid, tarp or non-absorbent cover.
			Comments:_____
6.	❑	❑	Are the bins kept fully closed during storage? (except while adding or removing waste.)
			Comments:_____
7.	❑	❑	Are the bins stored on concrete?
			Comments:_____
8.	❑	❑	Is the area under and adjacent to the bins free of visible signs of spill or leaks?
			Comments:_____
9.	❑	❑	Are the bins within the 1-year date of receipt of the oldest container (Check operating record)?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

EAST ROLL-OFF/END DUMP STORAGE AREA WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Is the bin within the size limit (not larger than 40-cubic yards)?
			Comments:_____
2.	❑	❑	Is the total bin count within the storage limit of up to **1 bin/end dumps** for East Roll-off storage location?
			Comments:_____
3.	❑	❑	Is the bin without evidence of dents, cuts, gouges, corrosion, abraded areas, leakage or any other condition that might render it unsafe for hazardous waste storage? (Circle ones that apply).
			Comments:_____
4.	❑	❑	Is the container labeled as Hazardous or Non-Hazardous Waste? If Waste;
	❑	❑	- Does the bin have a Romic Tracking Label?
			Comments:_____
5.	❑	❑	Is the bin covered with a rigid lid, tarp or non-absorbent cover?
			Comments:_____
6.	❑	❑	Is the bin kept fully closed during storage? (except while adding or removing waste.)
			Comments:_____
7.	❑	❑	Is the bin stored on concrete?
			Comments:_____
8.	❑	❑	Is the area under and adjacent to the bin free of visible signs of spill or leaks?
			Comments:_____
9.	❑	❑	Is the bin within the 1-year date of receipt of the oldest container? (Check operating record).
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

NORTH ROLL-OFF/END DUMP STORAGE AREA WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are each of the bins within the size limit (not larger than 40-cubic yards)?
			Comments:_____
2.	❑	❑	Is the total bin count within the storage limit of up to **2 bins/end dumps** for North Roll-off storage location?
			Comments:_____
3.	❑	❑	Are the bins without evidence of dents, cuts, gouges, corrosion, abraded areas, leakage or any other condition that might render it unsafe for hazardous waste storage? (Circle ones that apply).
			Comments:_____
4.	❑	❑	Are all containers labeled as Hazardous Waste or Non-Hazardous Waste? If Waste;
	❑	❑	- Do all of the bins have a Romic Tracking Label?
			Comments:_____
5.	❑	❑	Are the bins covered with a rigid lid, tarp or non-absorbent cover?
			Comments:_____
6.	❑	❑	Are the bins kept fully closed during storage? (except while adding or removing waste.)
			Comments:_____
7.	❑	❑	Are the bins stored on concrete?
			Comments:_____
8.	❑	❑	Is the area under and adjacent to the bins free of visible signs of spill or leaks?
			Comments:_____
9.	❑	❑	Are the bins within the 1-year date of receipt of the oldest container? (Check operating record).
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

CONSOLIDATION ROLL-OFF/END DUMP STORAGE AREA WEEKLY INSPECTION FORM

	Yes	No	
1.	❑	❑	Are each the bins within the size limit (not larger than 40-cubic yards)?
			Comments:_____
2.	❑	❑	Is the total bin count within the storage limit of up to **2 bins/end dumps** for Consolidation Roll-off storage location?
			Comments:_____
3.	❑	❑	Are the bins without evidence of dents, cuts, gouges, corrosion, abraded areas, leakage or any other condition that might render it unsafe for hazardous waste storage? (Circle ones that apply).
			Comments:_____
4.	❑	❑	Are all containers labeled as Hazardous or Non-Hazardous Waste? If Waste;
	❑	❑	- Do the bins have a Romic Tracking Label?
			Comments:_____
5.	❑	❑	Are the bins covered with a rigid lid, tarp or non-absorbent cover?
			Comments:_____
6.	❑	❑	Are the bins kept fully closed during storage? (except while adding or removing waste.)
			Comments:_____
7.	❑	❑	Are the bins stored on concrete?
			Comments:_____
8.	❑	❑	Is the area under and adjacent to the bins free of visible signs of spill or leaks?
			Comments:_____
9.	❑	❑	Are the bins within the 1-year date of receipt of the oldest container (Check operating record)?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

ENHANCED SECONDARY CONTAINMENT – TRUCK PARKING AREA WEEKLY INSPECTION FORM

ENHANCED SECONDARY CONTAINMENT AREA #1

	Yes	No	
1.	❑	❑	Is the truck park area free of spill and leaks?
			Comments:_____
2.	❑	❑	Are all trucks/tankers storing hazardous waste/material properly placarded?
			Comments: _____
3.	❑	❑	Is the enhanced secondary containment area in good condition and free of cracks, gaps and damage?
			Comments:_____
4.	❑	❑	Is the enhanced secondary containment area free of standing liquids (unless precipitation from rainfall has accumulated)?
			Comments:_____
5.	❑	❑	Housekeeping: Is area free of debris?
			Comments: _____

ENHANCED SECONDARY CONTAINMENT AREA #2

	Yes	No	
1.	❑	❑	Is the truck park area free of spill and leaks?
			Comments:_____
2.	❑	❑	Are all trucks/tankers storing hazardous waste/material properly placarded?
			Comments: _____
3.	❑	❑	Is the enhanced secondary containment area in good condition and free of cracks, gaps and damage?
			Comments:_____
4.	❑	❑	Is the enhanced secondary containment area free of standing liquids (unless precipitation from rainfall has accumulated)?
			Comments:_____
5.	❑	❑	Housekeeping: Is area free of debris?
			Comments:_____

Note: All "No" answers must be accompanied by a notation of the corrective action taken or a work order number.

I conducted a thorough inspection of the area named herein and certify that the information on this form is complete and accurate.

Name of Inspector: _____Date: _____/_____/_____ Time: _____AM/PM

Supervisor/Manager Signature:_____Date: _____/_____/_____

INSPECTION INSTRUCTIONS FOR CONTAINER STORAGE AREA

CONTAINER INTEGRITY:

1. Visually inspect containers for leaks, corrosion and deterioration of the container that can lead to a leak or spill. Unacceptable container conditions are the following:

a. Top or side contains sludge, liquid residue or dried paint.
b. Chimes damaged with a sharp crease, break or crack.
c. Holes in any surface, sharp dents in side or distorted body.
d. Bulged top or bottom exceeding ½ inch above flange level.

2. Containers must be handled in such a manner to avoid damage

Roll-off Allowable Storage	
West Roll-Off	**3 bins**
East Roll-Off	**1 bin**
North Roll-Off	**2 bins**
Consolidation	**2 bins**

LABELING:

3. Visually inspect containers to ensure there are no damaged, torn or illegible labels.

a. Ensure that all containers of hazardous waste are properly labeled. Completed Hazardous Waste, DOT and Romic tracking label.
b. Ensure that containers have a Romic tracking label with the date of acceptance.

CONTAINER CLOSURE:

4. Visually verify that container bungs are tightly placed and for open top containers that the ring is securely placed on container.

a. When adding or removing waste, containers must be closed within a 15 minute period.
b. Employee must be in the immediately vicinity of open container.

CONTAINER STACKING:

1. Ensure stability of stacked drums. – If we can move the container with one hand, drums are not stacked properly.

a. Ensure labels are facing the aisle.
b. No drum stacking in the sampling area.
c. Small containers are to be stacked no higher than 2-55 gallon drums in height and must be stable.
d. Visually observe that stacked drums are not leaning in such as manner to appear unstable.

IGNITABLE CONTAINERS:

6. Ensure that drums with Ignitable (D001) and Reactive (D003) waste codes are no closer than 50 feet to the property line.

SEGREGATION OF INCOMPATIBILE CONTAINERS:

7. Visually observe for the following:

a. Oxidizers are on spill pallets. Oxidizers should not be stacked on or stored next to flammables.
b. Liquid acid corrosives should be placed on spill pallets separate from liquid base corrosives.
c. Corrosive, flammable, and oxidizer lab-packs are by definition secondary containment and therefore do not require additional containment.

AISLE SPACE:

8. Visually observe that adequate aisle space is maintained to allow the unobstructed movement of emergency equipment. Drums must be arranged neatly in order to strictly maintain the required 36-inch aisle space.

Additional Information

UNLOADING OF CONTAINERS:

1) Containers not unloaded from van trailer must be visually inspected within 24 hours for proper closure of container and for visible
2) cracks, holes, gaps, or other openings into the interior of the container.

COMPATIBILITY:

3) If transferring waste from one container to another, use metal containers for solvents and poly containers for corrosives.
4) Do not mix acid and bases together.
5) Do not mix oxidizers with any other materials.
6) Do not mix organics with any corrosive materials.

CONTAINER CAPACITY:

7) Container storage limits for the facility:
8) South Storage Building: 2,556 drums.
9) West Storage Building #1: 336 drums
10) North Storage Building: 830 drums.
11) Sampling Area: 741 drums.
12) West Storage Building #2 - South: 512 drums
13) West Storage Building #2 - North: 686 drums
14) Total drum storage at facility: 5,661 drums

EMPTY CONTAINERS:

15) California empty means that if the container is turned in any orientation, no liquid will fall from the container.
16) Containers must be labeled as “Empty”
17) Containers must have the Date the container when emptied.

STAGING OUTSIDE OF PERMITTED AREAS:

No hazardous waste containers are allowed to be staged outside of permitted storage areas for more than 24 hours.

APPENDIX F-1

MONTHLY INSPECTION CHECKLISTS

5 MINUTE ESCAPE BOTTLE MONTHLY INSPECTION CHECKLIST

An answer of no to any of the following questions requires the item to be corrected immediately, or the unit must be removed from service.

Bottle #	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**10**
Regulator #									
Is the condition of the bottle satisfactory? (no dents, dust, or contamination)									
Is the cylinder full?									
Is the date of the last hydro test within the last five years? Note date	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Is the date on the regulator within the last year? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the condition of the regulator, breathing tube, and exhalation valve satisfactory? (No contamination, kinks, bends, or cuts in the hose)									
Is the condition of the harness, especially at the metal fittings, satisfactory? (No missing fittings, cut harness, or contamination)									
Have you initialed the inspection tag ?									

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

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SCOTT SCBA MONTHLY INSPECTION CHECKLIST

An answer of NO to any of the following questions requires the unit must be removed from service.

Bottle #	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**
Regulator #								
Case #								
Is the equipment complete(bottle, harness, inspection tag)?								
Is the cylinder full? (Needle on yellow full mark.)								
Is the date on the regulator within the last year? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Has the bottle been hydrotested within the last five years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the face-piece, head straps, breathing tube, and exhalation valve in good condition?								
Is the condition of the harness satisfactory?								
Are the straps on the harness fully extended?								
Have you initialed the inspection tag ?								

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

SCBA MONTHLY INSPECTION CHECKLIST

An answer of NO to any of the following questions requires the unit must be removed from service.

Tank #	**1**	**2**	**3**	**4**	**5**	**6**
Regulator #						
Case #						
Harness #						
Brand/Model	**Survivair**	**Survivair**	**Survivair**	**Survivair**	**Survivair**	**Survivair**
Is the condition of the case satisfactory?						
Is the equipment complete (bottle, face-piece, harness, inspection tag)?						
Is the cylinder full? (2000 psi or more)						
Is the last regulator overhaul within the last three years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Is the last tank overhaul within the last three years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Is the date on the regulator within the last year? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Is the oldest date on the cylinder within fifteen years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the face-piece, head straps, breathing tube, and exhalation valve in good condition?						
Is the condition of the harness satisfactory?						
Are the straps on the face-piece and harness fully extended?						
Have you initialed the inspection tag ?						

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

SCBA MONTHLY INSPECTION CHECKLIST

An answer of NO to any of the following questions requires the unit must be removed from service.

Tank #	**7**	**8**	**9**	**10**	**11**	**12**
Regulator #		**Spare**	**Spare**	**Spare**		
Case #		**Spare**	**Spare**	**Spare**		
Harness #		**Spare**	**Spare**	**Spare**		
Brand/Model	**Survivair**	**Survivair**	**Survivair**	**Survivair**	**ISI Magnum**	**ISI Magnum**
Is the condition of the case satisfactory?		**Spare**	**Spare**	**Spare**		
Is the equipment complete (bottle, face-piece, harness, inspection tag)?		**Spare**	**Spare**	**Spare**		
Is the cylinder full? (2000 psi for Survivair, 4500 for ISI Magnum)						
Is the last regulator overhaul within the last three years? Note date.	Date_____	**Spare**	**Spare**	**Spare**	Date_____	Date_____
Is the last tank overhaul within the last three years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Is the date on the regulator within the last year? Note date.	Date_____	**Spare**	**Spare**	**Spare**	Date_____	Date_____
Is the oldest date on the cylinder within fifteen years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the face-piece, head straps, breathing tube, and exhalation valve in good condition?		**Spare**	**Spare**	**Spare**		
Is the condition of the harness satisfactory?		**Spare**	**Spare**	**Spare**		
Are the straps on the face-piece and harness fully extended?		**Spare**	**Spare**	**Spare**		
Have you initialed the inspection tag ?						

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

SCOTT SCBA MONTHLY INSPECTION CHECKLIST

An answer of NO to any of the following questions requires the unit must be removed from service.

Bottle #	**30**	**31**	**32**	**33**	**34**	**35**
Regulator #						
Case #						
Is the equipment complete(bottle, harness, inspection tag)?						
Is the cylinder full? (Needle on yellow full mark.)						
Is the date on the regulator within the last year? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Has the bottle been hydrotested within the last five years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the face-piece, head straps, breathing tube, and exhalation valve in good condition?						
Is the condition of the harness satisfactory?						
Are the straps on the harness fully extended?						
Have you initialed the inspection tag ?						

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

SCOTT SCBA MONTHLY INSPECTION CHECKLIST

An answer of NO to any of the following questions requires the unit must be removed from service.

Bottle #	**36**	**37**	**38**	**39**	**40**	**41**
Regulator #						
Case #						
Is the equipment complete(bottle, harness, inspection tag)?						
Is the cylinder full? (Needle on yellow full mark.)						
Is the date on the regulator within the last year? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Has the bottle been hydrotested within the last five years? Note date.	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Are the face-piece, head straps, breathing tube, and exhalation valve in good condition?						
Is the condition of the harness satisfactory?						
Are the straps on the harness fully extended?						
Have you initialed the inspection tag ?						

INSPECTED BY:_____ DATE:_____ TIME:_____

CERTIFIED BY:_____ DATE:_____ TIME:_____

EMERGENCY SHOWER AND EYEWASH MONTHLY INSPECTIONS

Inspector: _____

Date: _____ Time: _____

	Equipment Location	Equipment Present	Evaluation		Comments
1	Tidy Bowl ** Level 1 **	Eyewash and Shower	Pass	Fail	
2	Tidy Bowl ** Level 2 **	Eyewash and Shower	Pass	Fail	
3	Consolidation ** Outdoor **	Eyewash and Shower	Pass	Fail	
4	Consolidation ** Indoor **	Eyewash and Shower	Pass	Fail	
5	Main Warehouse ** Outdoor **	Eyewash and Shower	Pass	Fail	
6	Production (Hose Rack) ** Outdoor**	Eyewash and Shower	Pass	Fail	
7	Laboratory ** Lvl 1 Outdoors **	Eyewash and Shower	Pass	Fail	
8	Laboratory ** Lvl 2 Indoors **	Eyewash and Shower	Pass	Fail	
9	Corrosives Warehouse	Eyewash and Shower	Pass	Fail	
10	Truck Maintanence ** Indoors **	Eyewash and Shower	Pass	Fail	
11	Welders Workshop ** Outdoors **	Eyewash and Shower	Pass	Fail	
12	Rear Trough (Tank Farm) ** Facing the Prod Line **	Eyewash and Shower	Pass	Fail	
13	Rear Trough (Tank Farm) ** Facing the Prod Line **	Eyewash	Pass	Fail	
14	Acid Skid - 1 of 2 Units ** Facing North **	Eyewash and Shower	Pass	Fail	
15	Acid Skid - 2 of 2 Units ** Facing West **	Eyewash and Shower	Pass	Fail	
16	Field Services **Lab Pack - Indoors **	Eyewash and Shower	Pass	Fail	
17	Field Services ** Product - Outdoors **	Eyewash and Shower	Pass	Fail	
18	Field Services ** Product - Indoors **	Eyewash and Shower	Pass	Fail	
19	Tanker Wash Rack ** Facing West **	Eyewash and Shower	Pass	Fail	
20	Production Line	Shower	Pass	Fail	

Corrections: _____

INSPECTION CERTIFIED BY:_____ DATE:_____

MONTHLY FIRE EXTINGUISHER INSPECTION

EXTING. #	CYLINDER SIZE	CLASS Type	LOCATION	FLOOR LOC.	"CHECK" IF "OK"	NEEDS A SEAL?	REMARKS
1	5	A-B-C	Bldg 1 - Mail Room	1			
2	5	A-B-C	Bldg 1 - Back Door	1			
3	5	HALON	Bldg 2 - Back Hall	1			
4	15	A-B-C	R&D Labratory	1			
5	5	A-B-C	Bldg 3 - Front Door	1			
6	5	HALON	Bldg 3 - Lab	1			
7	5	A-B-C	Bldg 3 - Back Door	1			
8	5	HALON	Bldg 3 - Back Office	1			
9	5	HALON	Bldg 3 - Lab	1			
10	5	A-B-C	Bldg 3 - Back Door	2			
11	5	HALON	Bldg 3 - Lab	2			
12	5	A-B-C	Bldg 3 - Lab	2			
13	5	A-B-C	Bldg 2 - Training Rm	1			
14	5	A-B-C	Bldg 2 - Side Door	1			
15	5	A-B-C	Bldg 2 - Side Door	1			
16	5	A-B-C	Bldg 2 - By Conference Room	1			
17	5	A-B-C	Bldg 2 - Stairwell	2			
18	5	A-B-C	Bldg 2 - West Back Door	2			
19	5	A-B-C	Bldg 2 - East Back Door	2			
20	350	A-B-C	By 500,000 gal. Tank	1	///////		TRAINING USE ONLY
21	350	comp N_2	Boiler Area	1			
22	30	A-B-C	Main Warehouse	1			
23	30	A-B-C	Main Warehouse	1			
24	30	A-B-C	FUEL TANKS	1			
25	30	A-B-C	PWRHOUSE	1			
26	30	A-B-C	Old Maint. Bldg	1			
27	350	comp N_2	Main Warehouse	1			
28	100	comp N_2	By Wash Rack/Cardboard	1			
29	30	A-B-C	HTU	1			
30	30	A-B-C	BOILEDR FEED PUMP	1			
31	30	A-B-C	PRODUCT. BY R-91	1			
32	30	A-B-C	WASHBAY	1			
33	30	A-B-C	PRODUCT. W. STAIRS	1			
34	30	A-B-C	PRODUCT. E. STAIRS	1			
35	5	A-B-C	PAINTER'S SHED	1			
36	30	A-B-C	BIO-SYSTEM	1			
37	30	A-B-C	COOL.TWRS.	1			
38	5	A-B-C	Bldg 1 - Bathrooms	2			
39	5	A-B-C	Bldg 1 - Kitchen	2			
40	5	A-B-C	Bldg 1 - Side Door	2			
41	30	A-B-C	AES STORAGE	1			
42	30	A-B-C	AES MIXING TANK	1			
43	5	A-B-C	AES WAREHOUSE	1			
44	5	HALON	LAB PACK WAREHOUSE CTRAIN	1			
45	30	A-B-C	DRUM SUCKING STATION	1			
47	20	A-B-C	WELDING WORKSHOP	1			
48	20	CO_2	WELDING WORKSHOP (PORTABLE)				
51	30	A-B-C	Corrosive Wharehouse	1			
52	30	A-B-C	Lab Pack Warehouse	1			
53	30	A-B-C	PRODUCT WAREHOUSE	1			
54	30	A-B-C	TIDY BOWL	1			
55	30	A-B-C	TIDY BOWL	1			
56	5	A-B-C	WASTE TRACKING	1			
57	5	A-B-C	R&D LABORATORY	1			
58	5	HALON	EH&S RECORDS OFFICE	2			
61	5	A-B-C	EHS RECORDS TRAILER	1			
62	5	A-B-C	EHS RECORDS TRAILER	1			
64	20	CO_2	WELDING WORKSHOP (PORTABLE)	1			
65	30	A - B	CONSOLIDATION	1			
66	20	A-B-C	CONSOLIDATION	1			
68	5	A-B-C	BUILDING 6	2			
69	5	A-B-C	BUILDING 6	2			
70	5	A-B-C	BUILDING 6	2			
71	5	A-B-C	PLANT MAINTENANCE	1			
72	20	A-B-C	PLANT MAINTENANCE	1			
73	20	A-B-C	PLANT MAINTENANCE	1			
74	20	A-B-C	PLANT MAINTENANCE	2			
76	30	A-B-C	WELDING WORKSHOP	1			
77	20	A-B-C	TRUCK SHOP	1			
78	20	A-B-C	TRUCK SHOP	1			
79	20	A-B-C	TRUCK SHOP	1			
80	5	A-B-C	BUILDING 2 BATHROOM	1			
81	5	A-B-C	BUILDING 2 BATHROOM	1			
82	20	A-B-C	TIDY BOWL	2			
83	20	A-B-C	TIDY BOWL	2			
84	20	A-B-C	REAR TROUGH	1			
85	20	A-B-C	PRODUCTION SWITCH RACK	2			
86	20	A-B-C	PRODUCTION SWITCH RACK	2			
89	20	A-B-C	LAB PACK WAREHOUSE CTRAIN	1			
90	20	CLASS D	LAB PACK WAREHOUSE	1			
91	20	CLASS D	MAIN WAREHOUSE	1			
92	20	CLASS D	CONSOLIDATION WAREHOUSE	1			
93	20	CLASS D	LAB PACK WAREHOUSE CTRAIN	1			
94	5	A-B-C	CONSOLIDATION WAREHOUSE	1			
95	10	A-B-C	WASHRACK	1			
96	10	A-B-C	WASHRACK	1			

Inspector:

Date:

Time:

AM / PM

Additional Notations:

INSPECTION CERTIFIED BY:

Date:

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EXTINGUISHER #	SIZE	TYPE	LOCATION	FLOOR	REMARKS
53	30	PKP	W.WHSE.-Clear Product.	1	
54	30	PKP	TIDY BOWL	1	
55	30	PKP	TIDY BOWL	1	
56	5	PKP	WASTE TRACKING	1	
57	5	PKP	R&D LAB	1	
58	5	HALON	Sales Bullpen	2	
61	5	PKP	EH&S Trailer	1	
62	5	PKP	EH&S Trailer	1	
63	20	CO2	Welders	1	
64	20	CO2	Welders	1	
65	30	PKDC	Consolidation	1	
66	30	PKDC	Consolidation	1	
67	100	CO2	ACID SKID	1	
68	5	PKP	BUILDING 6	2	
69	5	PKP	BUILDING 6	2	
70	5	PKP	BUILDING 6	2	
71	5	PKP	Plant Maintenance B6	1	
72	20	PKP	Plant Maintenance B6	1	
73	20	PKP	Plant Maintenance B6	1	
74	15	HALON	Plant Maintenance B6	2	
75	15	HALON	Plant Maintenance B6	2	
76	30	PKP	Building 6 Welding	1	
77	20	PKP	Building 6 Truck Shop	1	
78	20	PKP	Building 6 Truck Shop	1	
79	20	PKP	Building 6 Truck Shop	1	
80	5	PKP	Building 2 Bathroom	1	
81	5	PKP	Building 2 Bathroom	1	
82	20	PKP	TIDY BOWL	2	
83	20	PKP	TIDY BOWL	2	
84	20	PKP	Rear Trough	1	
85	20	PKP	Product. Switch Rack	2	
86	20	PKP	Product. Switch Rack	2	
87	20	WATER	Welder's Bldg. 6	1	
88	20	WATER	Welder's Bldg. 6	1	
89	20	PKP	Lab Pack Consolidation	1	
90	20	Class D	Lab Pack Warehouse	1	
91	20	Class D	Main Warehouse	1	
92	20	Class D	Consolidation Warehouse	1	

Inspector:_____**Date:**_____**Time:**_____**am/pm**

CORRECTIONS:

_____ _____

_____

_____

_____

_____

_____

EMERGENCY SPILL KIT
MONTHLY INSPECTIONS

Inspector:_____

Date:_____ Time:_____

	Equipment Location	Equipment Condition
1	Near Acid Skid	
2	Next to Acid Warehouse	
3	Field Services Warehouse	
4	Main Warehouse – row 38	
5	Main Warehouse - row 7	
6	Consolidation Warehouse	
7	**Acid Kit** – Near Tank Farm Q	
8	**Acid Kit** – Near Acid Skid	

Corrections:

INSPECTION CERTIFIED BY:_____ DATE:_____

EMERGENCY SPILL RESPONSE KITS CONTAIN THE FOLLOWING SUPPLIES:

1. ONE - FLOOR BROOM
2. ONE - NON-SPARKING SHOVEL
3. EIGHT - BAGS SPILL DRY
4. ONE - 50LBS. BAG OF SODIUM SESQUICARBONATE OR SODA ASH
   (FOR CAUSTIC AND ACID SPILLS)
5. TWO PAIR - BLUE POLYCOATED TYVEK
   (SIZE XXXL - WITH HOOD)
6. TWO PAIR - BLUE POLYCOATED TYVEK
   (SIZE XL - WITH HOOD)
7. TWO PAIR - WHITE TYVEK
   (SIZE XXL)
8. TWO PAIR - BLACK NEOPRENE GLOVES
9. TWO PAIR - GREEN ACID GLOVES
10. EIGHT PAIR - SKINSAFE UNDERGLOVES
    (SIZE LARGE)
11. EIGHT - ABSORBENT PADS

ACID KITS CONTAIN THE FOLLOWING SUPPLIES:

1. TWELVE PAIR- GREEN ACID GLOVES
2. EIGHT BAGS - SODA ASH
3. TWO PAIR - GREY POLYCOATED TYVEK
   (SIZE XXXL - WITH HOOD)
4. TWO PAIR - GREY POLYCOATED TYVEK
   (SIZE XL - WITH HOOD)

C-TRAIN

EMERGENCY RESPONSE MONTHLY INSPECTION CHECKLIST

INSPECTOR:_____DATE:_____TIME:_____AM/PM

EQUIPMENT	INVENTORY	Potential Problems	CONDITION (Ö = meets inventory & good condition)
"Emergency Personnel" safety vests	8	Missing Inventory	
¾" PVC Piping	4X4 bundles + 9-1"w/L piece	Broken, missing	
Absorbent Pads	5 bags	Used or needs replacement	
Boots, Rubber (size 10)	6 pair	Used or needs replacement	
Boots, Rubber (size 11)	5 pair	Used or needs replacement	
Boots, Rubber (size 12)	5 pair	Used or needs replacement	
Boots, Rubber (size 13)	6 pair	Used or needs replacement	
Brushes, Brown / White Scrub	10	Used or needs replacement	
Brushes, large with broom handles	6	Used or needs replacement	
Brushes, Rubbermade Utility w/ Handle	6	Used or needs replacement	
Chemical Hazard Tape	3 rolls	Used or needs replacement	
Danger Tape	3 rolls	Used or needs replacement	
Detergent, A-33 Dry (90 – ½ oz.packets)	1	Used or needs replacement	
Detergent, Envirocide	1	Used or needs replacement	
Emergency eyewash	1	Used or solution expired	
Facility Site Plan (08/98)	1	Missing	
First Aid Kit (White Metal Box)	1	Items out of stock, kit missing	
First Responder Kit	1	Items out of stock, kit missing	
Gloves, 14" PVC (one size)	9 dozen	Used or needs replacement	
Gloves, Black Industrial NEOX (one size)	1 box	Used or needs replacement	
Gloves, DAK 14" Vinyl (L-XL)	4 cases	Used or needs replacement	
Gloves, Durathin (M-L)	12 cases	Used or needs replacement	
Hazardous Materials Management Plan	1	Missing	
Immobilization Backboard	1	Missing	
Megaphone	1	Batteries dead, missing, non-functional	

Non-sparking shovels	6	Used or needs replacement	
Orange cones	4	Used or needs replacement	
Orange Flag	1	Used or needs replacement	
Powersorb Universal Sorbent Minibooms	8 cases	Used or needs replacement	
Red ROMIC hard hat	2	Missing	
Saranex Emergency Clothing	4 boxes	Used or needs replacement	
SCBA - Spare	3	Masked cracked, low air supply, cuts in hoses, dents, hydrotest due, regulator requiring service	See SCBA Monthly Inspection
SCBA – With Harness	9	Masked cracked, low air supply, cuts in hoses, dents, hydrotest due, regulator requiring service, harness damaged	See SCBA Monthly Inspection
SOLO Pressure Sprayers	4	Missing, non-functional	
Chemical Cartridges for respirators	20	Cartridges damaged or stock low	
Standard Industrial Absorbent	50 bags	Out of stock	
Overpack drums	12	Out of stock	
Visqueen Plastic	2 rolls	Used or needs replacement	
Walkie-talkie	1	Speaker broken, battery low, non-functional	
ZEE Oxygen USP	1	Pressure low	

CORRECTIVE ACTION VERIFIED BY:

Inspector:_____
Supervisor:_____

Date: _____ Date:_____

ROMIC ENVIRONMENTAL TECHNOLOGIES

MONTHLY SECURITY INSPECTION

MONTH: _____

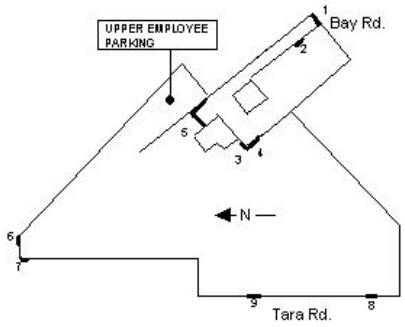
CONDUCTED BY: _____

Inspection Date: _____

PURPOSE: To assure all security equipment and subsequent inspections are done on a consistent basis

EXTERNAL FACILITY INSPECTIONS: COMMENTS / SPECIAL INSTRUCTIONS (see reverse for suggestions)

PERIMETER FENCING:



_____
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GATE SOUTH #1: _____

GATE SOUTH #2: _____

GATE WEST #3: _____

GATE WEST #4: _____

GATE INBOUND #5: _____

GATE NORTH #6: _____

GATE NORTH #7: _____

GATE TARA ROAD #8: _____

GATE TARA ROAD #9: _____

HAZARDOUS WASTE WARNING SIGNS: _____
_____

INTERNAL FACILITY INSPECTIONS: COMMENTS / SPECIAL INSTRUCTIONS (see reverse for suggestions)

OUTDOOR LIGHTS: _____

INDOOR EMERGENCY LIGHTS: _____
_____
_____

SECURITY CAMERAS: (1) Gate South #1 _____ (2) Gate Inbound #5 _____ (3) Liq. Sec. Tower_____

SECURITY MONITORS: (1) Production _____(2) Waste Tracking _____(3) Front Desk_____(4) Eng. _____

SECURITY VIDEOCASSETTES: _____

VIDEOCASSETTE LOG: _____

ENTRY DOORS: _____

SEA-TRAIN CONTAINERS (Manifest / Accounting records): _____
_____

CORRECTIVE ACTIONS: _____

(WORK ORDER / RESPONSIBLE PARTY)

INSPECTOR SIGNATURE: _____ DATE: _____

CERTIFIED BY _____ DATE: _____