

IMAGE QUALITY

AS YOU VIEW THE FOLLOWING  
DOCUMENT, PLEASE NOTE THAT  
PORTIONS OF THE ORIGINAL WERE OF  
POOR QUALITY

Date 10/17/90  
Inspector Hellabach  
Facility ID# FLD 980847

RCRA COMPLIANCE INSPECTION REPORT  
TSO FACILITIES CHECKLIST

General Facility Standards

1. Site Name Safety Klean
2. Has facility received hazardous waste from a foreign source?  
(264.12 - Required notices) ☒ No ☐ Yes ☐ Date ☐
- If yes, has he filed a notice with the Regional Administrator and DER? NA ☐ Yes ☐ No ☐ Date ☐
3. Does the facility have a copy of the permit along with  
the approved application? ☒ Yes ☐ No ☐ Date ☐

Waste Analysis (264.13) 264 ☐ Permit Condition ☐

1. Is a copy of the waste analysis plan maintained at the  
facility? ☒ Yes ☐ No ☐ Date ☐
2. Does the facility have copies of completed waste analysis  
reports? ☒ Yes ☐ No ☐ Date ☐
3. Has the waste analysis been reviewed or repeated as required? ☒ Yes ☐ No ☐ Date ☐
4. (For off-site facilities) waste analysis that generators have  
agreed to supply? ☒ Yes ☐ No ☐ Date ☐

Inspection Requirement (264.15) 264 ☐ Permit Condition ☐

1. Does the facility have a copy of the Inspection Plan? ☒ Yes ☐ No ☐ Date ☐
2. Does the facility have completed inspection logs? ☒ Yes ☐ No ☐ Date ☐
3. Were the deficiencies corrected in a timely manner? ☒ Yes ☐ No ☐ Date ☐
4. Are the inspection logs maintained at the facility for 3 years? ☒ Yes ☐ No ☐ Date ☐

Personnel Training (264.16) 264 ☐ Permit Condition ☐

1. Does facility have copy of training plan? ☒ Yes ☐ No ☐ Date ☐
2. Does facility have personnel training records? ☒ Yes ☐ No ☐ Date ☐
3. Has management completed training? ☒ Yes ☐ No ☐ Date ☐

4. Has laborers completed training? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_
5. Is training successfully completed within 6 months of hiring/transfer to HM position? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_
6. Has the training been conducted as stated in the Training Plan? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_
7. Does the facility personnel training records including:
- a. Job title and description of position? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_
- b. Description of employee's training? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_
8. Are records maintained for 3 years? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_

Contingency Plan and Emergency Procedures (264.50-56) 264 \_\_\_ Permit Condition \_\_\_

1. Does the facility have a copy of the Contingency Plan? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_
2. Has the plan been amended and have the amendments been approved? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_
3. Were the plan revisions submitted to all local authorities? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_
4. Is the emergency coordinator on-site or within short driving distance of plant at all times? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_

Manifest System, Recordkeeping and Report (264.70-77) 264 \_\_\_ Permit Condition \_\_\_

1. Does the facility have copies of the Manifest? ☒ Yes \_\_\_ No \_\_\_
- a. Are the manifests signed and dated and returned to the generator? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_
- b. Is a signed copy given to the transporter? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_
- c. Are there any manifests that have not been completely filled out? ☒ No \_\_\_ Yes \_\_\_
2. Are copies of the manifest retained for three years? ☒ Yes \_\_\_ No \_\_\_
3. Has the facility received any shipments of hazardous waste which were inconsistent with the manifest? ☒ No \_\_\_ Yes \_\_\_
- a. If yes, has he attempted to reconcile the discrepancy with the generator and transporter? ☒ Yes \_\_\_ No \_\_\_
- b. If no, has DER been notified? \_\_\_ Yes \_\_\_ No \_\_\_
4. Does the facility have operating records that show a description and quantity of each hazardous waste and the date and method of T,S,D at the facility? ☒ Yes \_\_\_ No \_\_\_ Date \_\_\_

Groundwater Monitoring (264.90-.100) 264 Permit Condition

1. Does the facility have a copy of the Groundwater Plan? Yes No Date
2. Does the facility have copies of the groundwater analysis? Yes No Date
3. Has the analysis been conducted as specified? Yes No Date
4. Has there been a statistically significant increase of the value for the parameter from background? No Yes Date
5. Did the facility notify the Department of the parameter that showed a statistically significant increase within 7 days? Yes No Date

Closure and Post-Closure (264.110-.120) 264 Permit Condition

1. Is a copy of the approved plan and all revisions kept at the facility? X Yes No Date
2. Does the maximum inventory of wastes at the facility exceed that specified in the Closure Plan? X No Yes Date
3. Does the facility have an approved post-closure plan (for land disposal facilities)? Yes No Date
4. Has the plan been amended and approved by the Department and distributed to the appropriate agencies? Yes No Date

Financial (264.140-.151) 264 Permit Condition

1. Does the facility have a written estimate, in current dollars, of the cost of closing the facility? Yes No Date
2. Has the financial assurance been updated for the last year? Yes No
3. Is the facility in compliance with the financial assurance regulation with respect to:

Closure cost? Yes No Date

Post-Closure cost? N/A Yes No Date

Sudden liability? Yes No Date

Non-sudden liability? N/A Yes No Date

Waste Analysis (264.13) 264 Permit Condition

*Analysis in Lexington SC*

1. Check waste analysis equipment to see if it is on-site and in working condition?

☐ Yes ☐ No ☐ Date

Security (264.14) 264 Permit Condition

1. Is the facility security system adequate to minimize unauthorized entry?

☒ Yes ☐ No ☐ Date

2. Are signs posted and legible for 25 feet?

☒ Yes ☐ No ☐ Date

General Inspection (264.15) 264 Permit Condition

1. Is the facility equipped to prevent fire, explosion or contamination of the environment and is the equipment in working condition?

☒ Yes ☐ No ☐ Date

Ignitable, Reactive, or Incompatible Waste (264.17) 264 Permit Condition

1. Is the waste separated and confined from sources of ignition or reaction, sparks, spontaneous ignition, and radiant heat?

☒ Yes ☐ No ☐ Date

2. Are "No Smoking" signs posted in the area?

☒ Yes ☐ No ☐ Date

Preparedness and Prevention (264.30 - .37) 264 Permit Condition

1. Is there evidence of fire, explosion or contamination of the environment?

☒ No ☐ Yes ☐ Date

2. Is the facility equipment located in accordance with the approved plan and is it functional?

☒ Yes ☐ No ☐ Date

Contingency Plan and Emergency Procedures (264.50-.56) 264 Permit Condition

1. Verify equipment location and working condition?

☒ Yes ☐ No ☐ Date

Manifest System, Recordkeeping and Report (264.70-.77) 264 Permit Condition

1. Verify location and quantity of hazardous waste with the operating record?

☒ Yes ☐ No ☐ Date

Groundwater Monitoring (264.90-.100) 264 Permit Condition

1. Verify location of wells?

☐ Yes ☐ No ☐ Date

2. Verify condition of wells?  
Check for caps and locks?

☐ Yes ☐ No ☐ Date

Date \_\_\_\_\_

Inspector

Facility ID#

(Subpart J - Tanks, 264.190-.198)

264 Permit Condition

1. Has the shell thickness been checked?

       Yes        No        Date

X Yes             No             Date

XNo      Yes      Date

         Yes          No          Date

X Yes      No      Date

       Yes        No        Date

         Yes          No          Date

         Yes          No          Date

Yes	No	Date
-----	----	------