

Hazardous Waste Program CASE REVIEW FORM

Check Case Review Type:
 Case Specific Classification Review
 Enforcement Case Review

Current Date: _____ Inspection Date: _____ Inspector: _____

EPA ID: _____
 Facility Name: _____
 Facility Address: _____
 Reference Links:

Alleged Violation Citation/Regulator Reference		Manual Guide	Potential for Harm	Extent of Deviation	Check All That Apply
1.					Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
2.					Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
3.					Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
4.					Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
5.					Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
6.					Repeat Violations Actual or substantial exposure to HW constituents

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Comments: (Optional)					
7.					Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
8.					Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
9.					Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
10.					Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					

DWM Notes:

Note: This staff assessment is preliminary and is designed to assist in the compliance review process, prior to final agency direction. Comments provided herein are not the final position of the Department and may be subject to revision, pursuant to additional information and/or further review.