

# Hazardous Waste Program

## CASE REVIEW FORM

Check Case Review Type: <input type="checkbox"/> Case Specific Classification Review  <input type="checkbox"/> 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.				<input type="checkbox"/>	Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
2.				<input type="checkbox"/>	Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
3.				<input type="checkbox"/>	Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
4.				<input type="checkbox"/>	Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
5.				<input type="checkbox"/>	Repeat Violations Actual or substantial exposure to HW constituents
Comments: (Optional)					
6.				<input type="checkbox"/>	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.