



Waste Management Division

Solid Waste Incinerator Inspection Form

A. GENERAL INFORMATION
FACILITY NAME:
PERMITTEE NAME:
PERMIT #:
PERMIT TYPE: <input type="checkbox"/> Standard <input type="checkbox"/> Permit-by-Notification <input type="checkbox"/> Other: _____
FACILITY TYPE: <input type="checkbox"/> Incinerator <input type="checkbox"/> Demolition Debris <input type="checkbox"/> Compost <input type="checkbox"/> Medical Waste <input type="checkbox"/> Other: _____
FACILITY LOCATION:
DATE OF INSPECTION:
NATURE OF INSPECTION: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Requested <input type="checkbox"/> Complaint
INSPECTOR:
FACILITY CONTACT:
HAS AN ADMINISTRATIVE ORDER BEEN ISSUED TO THE FACILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No
ADMINISTRATIVE ORDER(S) #:
STATUS OF ADMINISTRATIVE ORDER(S):

B. WASTE TYPES MANAGED	
(1)	Waste types managed at the facility [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> MSW <input type="checkbox"/> contaminated soil <input type="checkbox"/> C&D <input type="checkbox"/> food <input type="checkbox"/> regulated medical <input type="checkbox"/> metal <input type="checkbox"/> tires <input type="checkbox"/> certified waste derived products <input type="checkbox"/> ash <input type="checkbox"/> other: _____
(2)	Does the facility generate any of the following as bypass waste(s)? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> asbestos <input type="checkbox"/> electronics <input type="checkbox"/> fluorescent bulbs <input type="checkbox"/> batteries <input type="checkbox"/> motor oil <input type="checkbox"/> antifreeze <input type="checkbox"/> metal <input type="checkbox"/> plastic <input type="checkbox"/> other: _____

C. WASTE HANDLING & STORAGE AREAS

(1)	Are the wastes in each area being properly managed? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> MSW <input type="checkbox"/> ash <input type="checkbox"/> C&D <input type="checkbox"/> regulated medical <input type="checkbox"/> certified waste derived products <input type="checkbox"/> tires <input type="checkbox"/> commercial <input type="checkbox"/> metal <input type="checkbox"/> contaminated soil <input type="checkbox"/> food <input type="checkbox"/> other: _____
(2)	Are the following bypass wastes properly managed? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> asbestos <input type="checkbox"/> electronics <input type="checkbox"/> batteries <input type="checkbox"/> antifreeze <input type="checkbox"/> motor oil <input type="checkbox"/> fluorescent bulbs <input type="checkbox"/> metal <input type="checkbox"/> plastic <input type="checkbox"/> other: _____
(3)	Are stockpiles located, sized and configured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> to be stable <input type="checkbox"/> to provide access for fire control <input type="checkbox"/> to prevent physical injury/destruction of property <input type="checkbox"/> to prohibit precipitation from collecting in the area <input type="checkbox"/> to prevent fire <input type="checkbox"/> to prevent ground/surface water contamination
(4)	Are the quantities of waste stored on-site within limits established in the facility's permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A [If no, specify which waste(s): _____, _____, _____].
(5)	Are these areas managed in a manner that is safe and protective of the environment and public health? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A [If no, specify which waste(s): _____, _____, _____].
(6)	Are putrescible wastes properly managed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(7)	Are recyclables being managed to preserve their market value? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A [If no, specify which waste(s): _____, _____, _____].
(8)	Are legible signs used to delineate each area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(9)	Is access to non-public areas adequately restricted by the use of signs and/or barriers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(10)	Does the facility contain any wastes for which it does not have arrangements for removal to an authorized facility? [which waste(s) are being removed: _____, _____, _____] <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(11)	Other:
(12)	Other:

D. GENERAL OPERATIONS

(1)	Do the roads and access ways allow for safe movement of residential, light commercial and bulk transport vehicles, and people into and throughout the facility? [Circle the appropriate vehicle type] <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	Are roads and access ways suitable for residential and bulk transport vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Is unauthorized access adequately restricted to non-public areas? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Are legible signs posted at the facility's entrance? [Information provided = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> name <input type="checkbox"/> permit # <input type="checkbox"/> phone # <input type="checkbox"/> permittee address <input type="checkbox"/> facility hours <input type="checkbox"/> waste types <input type="checkbox"/> unlawful dumping statement

(5)	Do signs adequately assist people in managing their wastes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(6)	Is the facility managed in a manner that minimizes litter, dust, odors, vectors, spills, fire, noise and other hazards? (If no, circle those that are not managed properly)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(7)	Are there any impacts to abutting properties as a result of facility activities? [If yes, identify impacts: <input type="checkbox"/> odor <input type="checkbox"/> staining <input type="checkbox"/> noise <input type="checkbox"/> litter <input type="checkbox"/> other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(8)	Are there controls in place to manage storm run off?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(9)	Are there any waste-derived products generated at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	type: _____ use: _____	
	type: _____ use: _____	
(10)	Did any of the waste-derived products generated at the facility not meet a required specification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	problem: _____ solution: _____ Problem: _____ solution: _____	
(11)	Does the facility maintain records for those waste-derived products used for land application?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(12)	Other:	
(13)	Other:	

E. OPERATOR REQUIREMENTS/POSTINGS

(1)	Are operator certifications posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	Are all persons who operate the facility certified by either issued certification or interim certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Does the facility's most senior operator(s) have a Level III or IV certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Is there at least one supervisor for every 5 operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(5)	During operations, are at least half of the operators certified with Department issued certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(6)	Other:	
(7)	Other:	

F. REPORTING/RECORDKEEPING

(1)	Is the facility's permit posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	Is there a copy of the facility's Operating Plan on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

