



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



RCRA (HAZARDOUS WASTE) INSPECTION REPORT
TRANSPORTER

Name of Inspector(s):
Date of Inspection: Complaint Number:
Previous RCRA Inspection: Active RCRA Enforcement:

SITE INFORMATION

EPA ID Number: CT CT Transporter Permit Number:
Site Name:
Site Address:
Mailing Address:
Contact Name and Title:
Contact Phone Number: Property owned/Leased:
Date established at present location: Previous Location:
Previous occupants of the site:
Water supply: Does vehicle washing take place at the site: Yes No
Evidence of waste/used oil release(s) at the site: Yes No If yes, describe:
Groundwater monitoring wells on-site Yes No Groundwater classification:
Proximity to residential areas/schools/surface water/wetlands, etc.:

TRANSPORTER INFORMATION

Mode of transportation: Road Rail Water
Permit effective date: Permit expiration date:
Other RCRA notifications: Yes No If yes, please identify other status:
Waste transporter permitted to transport:
Transporter involved in export transportation: Yes No Involved in import transportation: Yes No
Is transporter registered as an emergency spills contractor: Yes No

Does transporter use hazardous waste manifests for shipments of hazardous waste:  Yes  No

Does transporter retain copy 5 of the manifest:  Yes  No

Does the transporter denote date and U.S. point of departure if export shipment:  Yes  No

If yes, did a copy of EPA's "Acknowledgement of Consent" accompany the waste:  Yes  No

How long does the transporter keep copies of shipping documents on file: \_\_\_\_\_.

Has the transporter ever had a shipment of hazardous waste rejected by the receiving facility:  Yes  No

Was it returned to the generator:  Yes  No: Explain: \_\_\_\_\_.

Did the generator identify alternate destination facility:  Yes  No

List generator(s) of rejected load, quality of waste, type of waste and ultimate destination facility : \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE INFORMATION**

To be completed for vehicles on-site during the inspection

YEAR	MAKE	TYPE	VEHICLE ID #	STATE & PLATE #	CAPACITY	OWNER/ADDRESS

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have all personnel involved with handling or transporting hazardous waste received appropriate training for emergency response for the types of waste being transported:  Yes  No

Does transporter submit monthly reports indicating types and amounts of waste transported:  Yes  No

Does transporter have a valid certificate of insurance with the DOT-required MCS-90 attachment:  Yes  No

Issuing company(ies): \_\_\_\_\_.

Policy number: \_\_\_\_\_ Policy date: \_\_\_\_\_.

What is the limit of liability: \$ \_\_\_\_\_.

Does the transporter have a copy of their "CT Transporter Permit" in the vehicle:  Yes  No

Does the transporter have documentation that the vehicle is inspected on a periodic basis:  Yes  No

If the waste carrying portion of the vehicle is a tank, is it inspected annually by the local fire marshal:  Yes  No

If yes, date of last inspection: \_\_\_\_\_.

Any waste on parked vehicles:  Yes  No If yes, has it been on-site for greater than 72 hours:  Yes  No

Are there any indications that site is operating as a transfer facility, i.e.: off-loaded waste transfers between vehicles:  Yes  No

Has the transporter experienced an event where hazardous waste, universal waste or used oil was discharged during transport:  Yes  No

If yes, was discharge reported to DEP's Oil and Chemical Spills Response Division (OCSRSD):  Yes  No

Was a written spill report filed with OCSRSD:  Yes  No Date of discharge: \_\_\_\_\_.

Did OCSRSD respond:  Yes  No If yes, case number and responding inspector: \_\_\_\_\_.

Was discharge cleaned-up:  Yes  No If yes, by whom: \_\_\_\_\_.

Was discharge reported to the National Response Center:  Yes  No

Was discharge reported to the DOT Office of Haz. Mat. Regulations, Materials Trans. Bureau:  Yes  No

Copies of release report on file:  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**USED OIL -- TRANSPORTER REQUIREMENTS**

Does the facility transport used oil from one site to another:  Yes  No (If no, skip remainder of section.)

If yes, does the facility's transportation consist solely of shipments of 55 gallons or less of used oil to:

A permitted collection center, or

An aggregation point that it owns or operates (If yes to either of the above, skip remainder of section.)

Has the transporter notified and obtained an EPA ID Number:  Yes  No

Is a total halogen determination done for all used oil that is transported:  Yes  No

Are records of total halogen determinations kept for at least three years:  Yes  No

Do any of these used oils have greater than 1000 ppm total halogens:  Yes  No

If yes, has there been an adequate rebuttal of the presumption of mixing:  Yes  No

Does the facility keep a record of each used oil shipment for at least 3 years:  Yes  No

Do these shipment records include the following information:

Names, addresses, and EPA ID Numbers of shippers and receiving facilities:  Yes  No

The quantity of used oil shipped:  Yes  No

The dates of acceptance and delivery:  Yes  No

Signatures of representatives of the shippers and the receiving facilities:  Yes  No

Does the transporter transfer used oil from one transport vehicle to another (on or off-site):  Yes  No

If yes, is this transfer done within secondary containment:  Yes  No

Has the transporter had any spills during transportation:  Yes  No

If yes, did the transporter:  Report the spill to DEP, and  Comply with "response to release" requirements

Explain: \_\_\_\_\_  
\_\_\_\_\_

Does the transporter transport hazardous waste in the same vehicles used to transport used oil:  Yes  No

If yes, are the vehicles emptied as defined in 40 CFR 261.7 prior to transporting used oil:  Yes  No

Is the facility engaged in the business of transportation of used oil:  Yes  No

If yes, does the facility have a transporter's permit:  Yes  No

List the site(s) at which the transporter picks up used oil: \_\_\_\_\_  
\_\_\_\_\_

List off-site destination(s) for the used oil hauled by the transporter: \_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENTS**

(If the facility's operations include the following regulatory areas, please check-off the appropriate subject and attach to report)

**NO ATTACHMENTS APPLICABLE**

**ATTACHMENT A:** Import/Export requirements

**ATTACHMENT B:** Spent Lead Acid Batteries Being Recycled

**ATTACHMENT C:** Recycle/Reclaim

**ATTACHMENT D:** Use Constituting Disposal

**ATTACHMENT E:** Accumulation for Recycling

**ATTACHMENT F:** Scrap Metals

**ATTACHMENT G:** Precious Metal Recovery

**ATTACHMENT H:** Used Oil – Collection Center & Aggregation Point Requirements.

**ATTACHMENT I:** Used Oil – Transfer Facility Requirements

**ATTACHMENT J:** Used Oil – Processor & Re-refiner Requirements

**ATTACHMENT K:** Used Oil – Marketer Requirements

**ATTACHMENT L:** Used Oil – Burner Requirements

**ATTACHMENT M:** Used Oil – Used Oil That Is Disposed Of or Used As a Dust Suppressant

**ATTACHMENT N:** Land Disposal Restriction – Treatment Facility Standards

**ATTACHMENT O:** Surface Impoundments

**ATTACHMENT P:** Waste Piles

**ATTACHMENT Q:** Landfills

**ATTACHMENT R:** Subpart BB Requirements

**ATTACHMENT S:** Subpart CC Requirements

**ATTACHMENT AO:** Facility Permit Requirements – Active Oil, Inc., New Haven, CT

**OTHER:** \_\_\_\_\_

**COMMENTS ON OTHER ISSUES**

Other environmental concerns encountered during the inspection: \_\_\_\_\_

\_\_\_\_\_

Samples taken during inspection:  Yes  No: \_\_\_\_\_

\_\_\_\_\_

Photographs taken during inspection:  Yes  No: \_\_\_\_\_

\_\_\_\_\_

Exit meeting conducted: \_\_\_ Yes \_\_\_ No

Attendees at closing meeting: \_\_\_\_\_.

Items discussed at closing meeting: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_.

Sample  
Not for official use