



## Solid Waste Used Oil Facility Inspection Report

<b>Facility Name:</b>			
<b>EPA ID Number:</b>		<b>Emergency Coordinator:</b>	
<b>Hours of Operation:</b>		<b>Date of last emergency equipment maintenance check:</b>	

### Record Review: General Questions

40 CFR § 279.20, § 279.24, § 279.30, § 279.32, § 279.40, § 279.47, § 279.50, § 279.59, § 279.60, § 279.67, § 279.73

1	Does this facility generate used oil?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
2	Is this facility a collection center?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
2a	If so, are they registered with the Department?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
3	Does this facility transport used oil?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
4	Is this facility a used oil transfer facility?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
5	Does this facility process used oil?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
6	Does this facility burn used oil?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
7	Has the facility obtained an EPA ID number?	Y: <input type="checkbox"/> N: <input type="checkbox"/>

### Record Review: Marketer

40 CFR § 279, § 279.10, § 279.70, § 279.71, § 279.74, § 279.75, & AAC R9-13-416

8	Does the facility market off-specification used oil fuel to off-specification used oil fuel burners?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
8a	If so, does the first person to claim that used oil that is to be burned for energy recovery ensure it meets the used oil fuel specification?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
9	Does the facility store on-specification used oil fuel?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
10	Does the facility store off-specification used oil fuel?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
11	Has the marketer certified to the burner that the used oil fuel has been tested for compliance with the used oil on-specifications?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
12	Does the marketer take the analyses to an ADHS licensed laboratory?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
12a	If so, document the laboratory name, ADHS license number, license expiration date:	
13	Did each burner notice indicate the burner would burn the off-specification used oil fuel only in an industrial furnace or boiler?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
14	Does the sampling collection methods and frequency for the on-specification used oil reflect the facility plan?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
15	Does the facility market off-specification used oil fuel to an off-specification used oil fuel burner who doesn't have an EPA ID Number?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
16	Has the marketer determined (by testing) that the used oil it marketed as on-specification used oil fuel met the used oil fuel specifications?	Y: <input type="checkbox"/> N: <input type="checkbox"/>

## Record Review: Marketer

40 CFR § 279, § 279.10, § 279.70, § 279.71, § 279.74, § 279.75, & AAC R9-13-416

17	Does the Marketer maintain the following, tracking documentation required by 40 CFR 279.74 for “off-spec” used oil: 1. Name/Address of Transporter 2. Name/Address of Burner 3. EPA # of Transporter 4. EPA # of Burner 5. Quantity of used oil shipped 6. Date of Shipment	Y: <input type="checkbox"/> N: <input type="checkbox"/>
18	Does the Marketer maintain the following tracking documentation required by 40 CFR 279.74 for “on-spec” used oil: 1. The name and address of the facility 2. The quantity and Date of used oil delivered 3. Information used to make the determination that the oil meets the specification as required under 40 CFR 279.72(A)	Y: <input type="checkbox"/> N: <input type="checkbox"/>
19	Prior to sending off-specification used fuel to each off-specification used oil fuel burner, did the marketer obtain a one-time written and signed notice from each off-specification used oil fuel burner?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
20	Did each burner notice include the burner's location and general description of its off-specification used oil fuel management activities?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
21	Does the Marketer maintain all Analysis, tracking, and notification documentation for the last 3 years?	Y: <input type="checkbox"/> N: <input type="checkbox"/>

## Record Review: Processor

40 CFR § 279.50, § 279.52, § 279.55, § 279.56, § 279.58

22	Does the facility have a current contingency plan on site?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
22a	If yes, please note if the plan includes the following information in this section:	
22b	How to minimize hazards to human health or the environment from fires, explosions, or releases of used oil to air, soil, or surface water?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
22c	How to activate internal facility alarms/communication systems, where applicable, to notify all facility personnel?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
22d	How to notify appropriate State or local agencies, hospitals, and fire departments with a copy of the plan, including designated response roles if their help is needed?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
22e	How to notify appropriate State or local agencies with designated response roles if their help is needed?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
22f	How to identify the character, exact source, amount, and real extent of any released materials?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
22g	How to assess possible hazards, including direct and indirect effects, to human health or the environment that may result from a release, fire, or an explosion?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
22h	How the emergency coordinator shall immediately notify either the government official designated as the on-scene coordinator for the geographical area or the National Response Center by telephone?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
22i	How to assess whether evacuation of local areas may be advisable, and if so, how the facility emergency coordinate shall immediately notify the appropriate local authorities and be available to help those authorities decide whether local areas should be evacuated?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
23	When notifying the on-scene coordinator or the National Response Center, does the contingency plan indicate that the facility emergency coordinator shall report the following information:	
23a	Name and telephone number of the person reporting?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
23b	Name and address/location of facility?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
23c	Name/description and quantity of materials involved?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
23d	Extent of injuries known?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
23e	Possible off-site hazards?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
24	Does the contingency plan indicate that all of the information listed above is also provided to the Regional Administrator (ADEQ) within 15 days following the incident?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
25	Does the contingency plan list that an estimated quantity and disposition of recovered material(s) that resulted from the incident, and an assessment of actual or potential hazards to human health or the environment, where applicable is also included in the 15 day incident report and submitted to ADEQ?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
26	Does the facility have a written spill prevention, control and countermeasures plan, if applicable?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
27	Does the contingency plan describe the arrangements agreed to by local police agencies, fire authorities, hospitals, contractors, and state and local emergency response teams to coordinate emergency services?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
28	Does the contingency plan contain a current list of names, addresses and phone numbers (office and home) of all persons qualified to act as emergency coordinator?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
29	An evacuation plan for facility personnel, if needed?	Y: <input type="checkbox"/> N: <input type="checkbox"/>

## Record Review: Processor

40 CFR § 279.50, § 279.52, § 279.55, § 279.56, § 279.58

30	Has an incident occurred requiring implementation of the emergency procedures since the last facility inspection?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
30a	Did the owner/operator provide the required documentation and follow the required contingency plan and emergency response?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
30b	Has the owner/operator documented the emergency procedures training of the facility's primary emergency coordinator?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
31	Does the facility conduct the following processing activities:	
31a	Blending used oils to meet the fuel specification?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
31b	Blending used oils with virgin petroleum products?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
31c	Filtration?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
31d	Physical Separation?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
31e	Chemical Separation?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
31f	Simple distillation?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
31g	Refining?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
32	Are samples collected after processing/re-refining?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
33	Does the facility keep a record of used oil shipments accepted for processing/re-refining?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
34	Does the facility use transporters having EPA Identification Numbers to transport outgoing shipments of used oil from the facility?	Y: <input type="checkbox"/> N: <input type="checkbox"/>

## Record Review: Transporter

40 CFR § 279.46 & ARS § 49-802

35	Has the facility submitted all of its quarterly used oil reports?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
36	Does the transporter use other transporters having EPA Identification Numbers to transport used oil?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
37	Does the transporter deliver Used Oil to processing/refining facility with an EPA ID Number?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
38	Does the transporter deliver Used Oil to on-specification used oil burner facility with an EPA ID Number?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
39	Does the transporter deliver Used Oil to off-specification used oil burner facility with an EPA ID Number?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
40	Does the transporter deliver Used Oil to a marketer with an EPA ID Number?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
41	Does the transporter/transfer facility keep a record of each used oil shipment exported to a foreign country?	Y: <input type="checkbox"/> N: <input type="checkbox"/>

## Site Observation:

40 CFR § 279.45, § 279.47, § 279.52, & ARS § 49-803

42	Is at least one employee on the facility premises or on call, at all times, with the responsibility for coordinating all emergency response measures?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
43	Are all ASTs and containers used to store or process used oil labeled "Used Oil?"	Y: <input type="checkbox"/> N: <input type="checkbox"/>
44	Are all fill pipes to tanks used to store or process used oil identified with the words "Used Oil?"	Y: <input type="checkbox"/> N: <input type="checkbox"/>
45	Are all ASTs and containers used to store or process used oil in good condition and not leaking?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
46	Is each container storage area and AST where used oil is stored or processed equipped with a secondary containment system consisting of a dike, berm, or retaining wall?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
47	Do the secondary containment systems have a floor that covers the entire area within the dike, berm, or retaining wall, except areas where existing portions of the AST meet the ground that is sufficiently impervious to used oil to prevent any used oil released?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
48	Is the capacity of each secondary containment system sufficient to contain 100% of the volume of the largest AST and sufficient freeboard to contain precipitation?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
49	Does any containment system exhibit cracks, gaps, or other damage or conditions through which used oil could escape from the containment system?	Y: <input type="checkbox"/> N: <input type="checkbox"/>

## Site Observation:

40 CFR § 279.45, § 279.47, § 279.52, & ARS § 49-803

50	Has a release of used oil to the environment occurred since the last facility inspection?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
50a	If yes, explain:	
51	Has the facility closed any tanks or containers since the last facility inspection?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
51a	If yes, explain:	
51b	For each closed AST and container, did the facility perform a hazardous waste determination on the used oil residues in accordance with 40 CFR 262.11?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
51c	Was hazardous waste identified?.	Y: <input type="checkbox"/> N: <input type="checkbox"/>
51d	For each closed AST or container, did the facility properly decontaminate?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
51e	Have all closed containers that held used oils or residues of used oils been removed from the facility property?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
52	Has the facility generated residues from its used oil storage, processing, re-refining activities?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
53	Is there evidence of discharge of used oil to sewers or state waters without appropriate permit?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
54	Is there evidence of incineration of used oil?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
55	Evidence of use of used oil as dust suppressant or contact herbicide?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
56	Does the facility have adequate fire control, spill control, and decontamination equipment?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
57	Is an on-site communication equipment/alarm system immediately accessible to all personnel whose well-being may be impacted when used oil is being poured, mixed, spread, loaded/unloaded, or otherwise handled?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
58	Is the internal communication/alarm system capable of providing immediate emergency instruction to facility personnel and is there on-site means of summoning emergency personnel?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
59	If there is ever just one employee on the premises while the facility is operating, does the employee have immediate access to a telephone or other device capable of summoning emergency assistance?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
60	Does aisle space appear to allow the unobstructed movement?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
61	Does the facility appear to be maintained and operated in a manner that minimizes risk to human health or the environment?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
62	Has the facility generated any residues from burning activities conducted at the facility?	Y: <input type="checkbox"/> N: <input type="checkbox"/>