WFAA WASTE FACILITY AUDIT QUESTIONNAIRE

REVISED APRIL 2013

Operator Details:	
Company Name:	
Facility Name:	
Address:	
Lat/Long	
Grid Reference:	Map location for the site (i.e. x, y coordinates from Googlemaps/similar)

Date of Audit:	
WFAA Auditor Company Contact Details:	
Company Name:	
Address:	
Telephone:	
E-mail:	
WFAA Auditor Contact Details:	
Name:	
E-mail:	

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WFAA WASTE SITE AUDIT QUESTIONNAIRE
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I. GENERAL FACILITY INFORMATION

The information provided will be used solely to evaluate your facility for the treatment, storage, disposal, and/or recycling of wastes. Please complete all sections that are applicable to your site.

Facility name:	
Address:	
Company website:	
Main Waste Permit/Licence Reference No.	
Contact Name & Title:	
Contact e-mail:	
Telephone Number:	**Date Form Completed:**
How many years has the company been in business:	
Is your company public or privately owned?	
Parent Company Name (where applicable)	

1. Please indicate your company insurance amounts (per occurrence and aggregate):

a. General liability policy limits:	
b. Environmental impairment insurance limits:	
c. If no specific environmental impairment insurance in place, is this covered in other insurance policies?	

2. Please provide copies of insurance certificates (general liability, employers liability, environmental etc)

3. Please provide a brief general description of your company's services:

4. Describe the processes used to treat, recycle or dispose of wastes as well as other services provided (transportation, laboratory analysis, etc.):

5. Describe any expected operational changes (including expansions or closures) planned:

6. Who owns the land on which the company is located?

7. When was the property first acquired or leased?

8. Describe the past uses of the property:

DATES	USE	OWNERSHIP

9. Describe land uses within the general area of the facility (residential, light industrial, heavy industrial, etc):

10. How far away is the nearest community? **What is the approximate population?**

11. What is the depth to the shallowest aquifer?

12. Are there drinking wells within 5 km of the site?

13. How far from your facility is the nearest surface water body?

14. Please describe any complaints or concerns from neighbours:

15. Describe your Public Relations Policy. Does this cover the disclosure of environmental information such as incidents/complaints?

16. Have there been any major spills? **YES** **NO**

17. Describe documented contamination at the facility (groundwater, surface water or soil contamination). Also, describe any corrective actions taken to remediate the areas:

18. What actions have been taken to avoid spills?

19. Provide the name and title of person(s) responsible for environmental, health and safety at your facility:

20. Please list contacts for regulators or other officials involved in environmental issues at your site.

NAME	TITLE	ORGANISATION	TELEPHONE

II. SITE SECURITY

1. Does your facility have a fence or other barrier that totally surrounds the property? YES ☐ NO ☐

2. Does the facility have 24-hour surveillance? YES ☐ NO ☐

3. Describe any warning or other signage posted at entrances or along the facility perimeter

4. How is access to the site controlled:
   a. during normal operating hours?
   b. outside normal operating hours?

5. Are visitors required to sign a visitors' log and show identification? YES ☐ NO ☐

6. Please describe any other features of your security system:

7. Describe break-ins, vandalism, or other criminal trespass in the last 3 years:

8. Who is responsible for emergency response outside of normal operating hours and how is that person contacted?

III. PERMIT AND LICENCE INFORMATION

1. If your facility has permits or licences for waste management, radioactive waste mangement, air emissions, wastewater discharges, or stormwater discharges, please attach copies of the permits/licences.

2. Please describe any additional permit applications or renewals expected in the next three years:

3. **Please provide details of waste permits/licences held** (include environmental permits, other waste management licences/permits, waste transport licences/permits)

Type of Permit	Permit/Licence Number	Expiry Date	Brief Description

4. Please provide details of other permits or licences held for site operations (e.g. planning permission, non-waste related environmental permits, air emissions, effluent discharges, SEVESO or COMAH registrations, storage of fuels)

Type of Permit	Permit/Licence Number	Expiry Date	Brief Description

5. If your facility has received any warning notices, enforcement notices, fines or been prosecuted within the past 3 years, please provide details

Warning/Notice/ Prosecution	Issue	Corrective Action Undertaken	Action Resolved?

6. How frequently does the local environmental regulator inspect the facility?
Please provide copies of the past 4 inspection visits

7. Details of auditor discussions with environmental regulators (include date and contact person contacted):

8. Has the site implemented the waste hierarchy? **YES** ☐ **NO** ☐

9. Does the facility mix hazardous waste types or hazardous with non-hazardous wastes? If so, is there a relevant permit condition allowing this and does the facility comply with Best Available Techniques (BAT). **YES** ☐ **NO** ☐

10.If the facility operates an incinerator has the permit been updated to include a condition regarding energy efficiency? **YES** ☐ **NO** ☐

IV. FINANCIAL INFORMATION

Please complete the Financial Information form in the second worksheet. All financial information submitted will be held in confidence and will only be shared with other WFAA members. Failure to complete this information may lead to rejection of your facility by the WFAA members.

V. MANAGEMENT SYSTEMS: TRAINING, INSPECTIONS; EMERGENCY PLANNING; HEALTH & SAFETY

Environmental Management Systems

1. Does the facility operate in accordance with an environmental management system? YES ☐ NO ☐

2. If yes, is the system accredited? YES ☐ NO ☐

3. If yes, who is the certifying body? ☐

4. For UK sites, is the certifying body UKAS accredited (see www.ukas.com if unsure)? YES ☐ NO ☐

5. Are there any issues outstanding from EMS audits? Please describe YES ☐ NO ☐

Sustainability/Environmental Reporting

1. Does the facility report on sustainability issues, e.g. energy saving initiatives, to company Corporate Social Responsibility or Environmental Reporting programmes? Please describe briefly.

TRAINING

1. Does your facility have a training programme for people handling regulated wastes? YES ☐ NO ☐

2. Does the training program include the following:
   a. Waste acceptance procedures? YES ☐ NO ☐
   b. Facility safety rules? YES ☐ NO ☐
   c. Spill prevention procedures? YES ☐ NO ☐
   d. Response to fires and explosions? YES ☐ NO ☐
   e. Safe operation of equipment? YES ☐ NO ☐
   f. Chemical materials? YES ☐ NO ☐
   g. Personal protective equipment? YES ☐ NO ☐
   h. Spill cleanup procedures? YES ☐ NO ☐
   i. A periodic review of the initial training? YES ☐ NO ☐
   j. Management / handling of radioactive wastes? YES ☐ NO ☐

3. Are your training manuals available for review? YES ☐ NO ☐

4. Are your personnel training records available for review? YES ☐ NO ☐

5. Do any facility personnel hold waste industry recognised training qualifications? YES ☐ NO ☐
Please provide brief details

Personnel	Position	Waste Training Qualification Held

6. Do you have a Dangerous Goods Safety Advisor (DGSA) or equivalent? YES ☐ NO ☐

7. If applicable, what is the name of your DGSA or equivalent? ☐

8. Please provide a copy of their current DGSA (or equivalent) certificate ☐

INSPECTIONS

1. Does your facility conduct periodic inspections? YES ☐ NO ☐

2. Do the facility inspections include:
   a. Safety and emergency equipment? YES ☐ NO ☐
   b. Security devices? YES ☐ NO ☐
   c. Operating and structural equipment? YES ☐ NO ☐
   d. Container storage area? YES ☐ NO ☐
   e. Aboveground portions of tanks and pipes? YES ☐ NO ☐

3. Are plant and equipment subject to a planned maintenance programme? YES ☐ NO ☐

EMERGENCY PLANNING

1. Is the facility equipped with:
   a. An internal communication or alarm system YES ☐ NO ☐
   b. A telephone or two-way radio to call emergency response personnel? YES ☐ NO ☐

2. How far away is the nearest fire department? ☐

3. Does the site have a written emergency response plan? YES ☐ NO ☐

4. If the facility has experienced a fire or explosion within the last three years, include dates, causes,damage or injury, and steps taken to prevent recurrence:

5. Describe the fire control equipment located on-site:

6. Describe the spill response equipment located on-site:

BUSINESS CONTINUITY

1. Is the site located within a flood plain? YES ☐ NO ☐

2. Has a Flood Risk Assessment been conducted at the site? YES ☐ NO ☐

3. What is the flood risk category/zone which the facility is situated in (if available) or what frequency of floods are encountered?

4. Describe arrangements/procedures which the site will follow during a flood event with particular reference to electrical supply e.g. induction, mitigation measures.

HEALTH AND SAFETY

1. Are routine inspections/audits/reviews conducted of operations to ensure compliance with Health and Safety regulations, policies, and procedures? YES ☐ NO ☐

2. Does the facility operate in accordance with a certified health and safety management system (e.g. OHSAS 18001)? YES ☐ NO ☐

3. If not, does the facility have a safety manual or written safety guidelines? YES ☐ NO ☐

N/A ☐

4. Are records maintained on work-related injury and illnesses? YES ☐ NO ☐

5. Are there programmes/procedures in place at this location for the following:
   a. Tank and confined space entry? YES ☐ NO ☐
   b. Electrical lock-out/tag-out (LOTO)? YES ☐ NO ☐
   c. Contractor on-site safety? YES ☐ NO ☐
   d. Ensure appropriate protective equipment is provided and maintained? YES ☐ NO ☐
   e. Testing and maintenance of fire protection equipment? YES ☐ NO ☐

6. Have you made any measurements of air containment levels in the workplace? YES ☐ NO ☐
   a. If yes, are any measurements above allowable exposure limits? YES ☐ NO ☐
   b. If so, provide details:

7. Please describe your air monitoring programme (for health and safety):

8. Are emergency showers and eyewash stations available in areas of potential chemical exposure? YES ☐ NO ☐

9. Are employees wearing safety equipment as required by facility policies in those areas? YES ☐ NO ☐

10. Are new and modified processes reviewed for occupational health and safety considerations? YES ☐ NO ☐

VI. REGULATED WASTE INFORMATION

PLEASE MARK WITH "X" IF THE WASTE IS MANAGED IN THE FOLLOWING UNITS:							
	WASTES	**UNDER GROUND TANKS**	**ABOVE GROUND TANKS**	**CONTAINERS**	**BUNDED STORAGE AREAS**	**STOCK PILES**	**OTHER (specify)**
a.	Bulk non-hazardous liquids						
b.	Bulk hazardous liquids						
c.	Waste oils						
d.	Halogenated solvents						
e.	Non-halogenated solvents						
f.	Organic liquids						
g.	Inorganic liquids						
h.	Biological sludges/solids						
i.	Organic sludges/solids						
j.	Inorganic sludges/solids						
k.	Contaminated soil						
l.	Flammable waste						
m.	Water reactive wastes						
n.	Other reactive wastes						
o.	Corrosive waste						
p.	Pesticides						
q.	Municipal Waste						
r.	Chemical smalls						
s.	PCBs & PCB-contaminated waste						
t.	Contaminated waste packaging						
u.	Radioactive Waste						
v.	Other (specify)						
w.	Other (specify)						

PLEASE MARK WITH "X" THE ON-SITE TREATMENT METHODS FOR EACH WASTE:							
	WASTE TYPE	**STORAGE ONLY**	**CHEMICAL, PHYSICAL, BIOLOGICAL TREATMENT**	**FUEL BLENDING (e.g. blending of secondary fuel)**	**INCINERATION, CEMENT KILNS, FURNACES ETC.**	**LANDFILL**	**OTHER (Specify)**
a.	Bulk non-hazardous liquids						
b.	Bulk hazardous liquids						
c.	Waste oils						
d.	Halogenated solvents						
e.	Non-halogenated solvents						
f.	Organic liquids						
g.	Inorganic liquids						
h.	Biological sludges/solids						
i.	Organic sludges/solids						
j.	Inorganic sludges/solids						
k.	Contaminated soil						
l.	Flammable waste						
m.	Water reactive wastes						
n.	Other reactive wastes						
o.	Corrosive waste						
p.	Pesticides						
q.	Municipal Waste						
r.	Chemical smalls						
s	PCBs & PCB-contaminated waste						
t.	Contaminated waste packaging						
u.	Radioactive Waste						
v.	Other (specify)						
w.	Other (specify)						

3. What wastes are specifically excluded by the permit? (please include a copy from the permit if the list is extensive)

4. What wastes are specifically excluded by facility policy?

5. Please confirm how you ensure that incompatible materials, including radioactive wastes are segregated:

6. Is there a procedure for the secure disposal of confidential/sensitive waste? **YES** ☐ **NO** ☐

7. Is there a procedure for the secure disposal of radioactive waste? **YES** ☐ **NO** ☐

8. How does the site record the location and quantity of each waste stream on site at any one time?

9. How does the site separate and control radioactive wastes?

10. Does the site handle any 'high consequence dangerous goods' such as certain radioactive materials or explosives? What are these? **YES** ☐ **NO** ☐

11. If applicable, briefly describe the procedures which are in place in relation to high consequence dangerous goods such as a security plan

VII. WASTE ANALYSIS: WASTE RECEIPT AND RECORDKEEPING

1. Does the facility have written waste acceptance procedures? YES ☐ NO ☐

If yes, do these procedures include:

Identification of the source/origin of the waste	YES	☐	NO	☐
If the waste has been treated	YES	☐	NO	☐
Composition and appearance of the waste	YES	☐	NO	☐
EWC code	YES	☐	NO	☐

2. Are the waste acceptance procedures updated regularly? YES ☐ NO ☐

3. Do transfer notes and consignment notes for accepted wastes contain a declaration that the waste hierarchy has been applied? YES ☐ NO ☐

3. Do transfer notes and consignment notes for accepted wastes contain the 2007 SIC codes (transfer notes) and 2003 Standard Industrial Classification (SIC) codes (consignment notes)? YES ☐ NO ☐

3. Is analytical testing of waste sample/samples required prior to acceptance? YES ☐ NO ☐

4. How often is each shipment of waste sampled?

5. What happens if wastes do not meet these standards or specifications?

6. Does the site have a designated quarantine area, including for radioactive wastes? YES ☐ NO ☐

7. How often is each shipment of quarantined waste sampled?

8. What analytical tests are performed on collected samples?

9. If wastes are shipped to other facilities, is the customer notified? YES ☐ NO ☐
Are records kept of these shipments? YES ☐ NO ☐

10. Is there an on-site laboratory? YES ☐ NO ☐

11. If yes, is the laboratory accredited to a recognised standard? YES ☐ NO ☐

12. Is measurement and assay equipment calibrated and undergoes function checks? YES ☐ NO ☐
e.g weighbridge, weigh scales and monitoring equipment.

VIII. HANDLING AND TRANSFER OPERATIONS

1. Are the storage and holding areas (including quarantine areas):

a. Paved?	YES	☐	NO	☐
b. Free from large cracks or severe damage?	YES	☐	NO	☐
c. Under cover?	YES	☐	NO	☐
d. Designed to prevent rain & snow melt from leaving the site?	YES	☐	NO	☐

2. Is there evidence of a large number past spills (stains on the ground, paved areas, equipment)? YES ☐ NO ☐

3. Do you send any wastes off-site for further processing or for final disposal? YES ☐ NO ☐

If yes, please complete the following table for each waste sent off-site, whether treated by you or sent to another waste management company for processing, treatment, or disposal

Waste	Management Method	Management Company	Waste Analysis Data			
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	

4. Are current records of third party carrier registrations/licences/certificates held? YES ☐ NO ☐

IX. RESIDUES MANAGEMENT

1. Are labels on containers removed or obscured prior to reuse, recycling, or disposal? YES ☐ NO ☐

2. Please fill out the chart below for each treatment residue (tank bottoms, leachate, ash, still bottoms, etc.)

Residue	Management Method	Management Company	Waste Analysis Data Available?			
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	

3. If waste analysis data are not available for any of the above, how do you determine whether it is a regulated waste?

4. Are off-site waste management companies audited before sending waste to them? YES ☐ NO ☐
   a. Are copies of these audits available? YES ☐ NO ☐
   b. How often are off-site waste management facilities audited?

5. Do these off-site waste management facilities provide any indemnification? YES ☐ NO ☐
   If so, please explain below.

6. If radioactive waste streams are treated how is the radioactivity assessment of residues undertaken?

7. Describe how rainwater/stormwater is managed on site (e.g. discharged to mains drainage)

X. RECYCLED PRODUCTS

1. Complete the table below for all recycled/recyclable products generated by this facility.

Recycled Product	Annual Quantity	Describe How Used	Product Analysed for Hazardous Constituents?			
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	

2. If any of these products/materials are sent to another facility for processing, please complete the table below.

Recycled Product	Company Name & Location	Contact Name & Telephone Number	Product Analysed for Hazardous Constituents?			
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	
			YES		NO	

XI. CONTAINER & DRUM STORAGE OPERATIONS

1. Are containers & drums:
   a. Labeled with the words "hazardous waste" or container YES ☐ NO ☐
   b. Generally in good condition? YES ☐ NO ☐
   c. Closed and their lids secure? YES ☐ NO ☐
   d. Stored in a paved area, with no major cracks? YES ☐ NO ☐
   e. Stored in building or under cover? YES ☐ NO ☐

2. Does the container & drum storage area have: YES ☐ NO ☐
   a. A floor with no drains or drains that are sealed? YES ☐ NO ☐
   b. A floor with sealed expansion joints? YES ☐ NO ☐
   c. Enough aisle space to allow access for emergency personnel and equipment? YES ☐ NO ☐
   d. Enough emergency containment and response supplies (absorbents, personal protective equipment, etc.) to handle spills? YES ☐ NO ☐

3. Is the storage area curbed or bunded? If so: YES ☐ NO ☐
   a. Is the curb or bunding in good condition? YES ☐ NO ☐
   b. Will the curbed or bunded area hold the volume of the largest container? YES ☐ NO ☐

4. Are incompatible wastes stored apart to prevent contact? YES ☐ NO ☐

5. If there is a potential for release of toxic volatile organic compounds from the storage area, describe:

XII. ABOVEGROUND TANKS

1. Are the tanks in good condition? YES ☐ NO ☐

2. Are tanks marked with the words "hazardous waste" or contents of the tanks? YES ☐ NO ☐

3. Do the tanks have a top that is closed? YES ☐ NO ☐

4. If there are tanks holding highly dangerous waste (flammable, reactive), what is the distance between the tanks and the property boundary?

5. Does each tank have a secondary containment system which:
   a. Is free of cracks or holes? YES ☐ NO ☐
   b. Has a volume that is at least 110% the capacity of the largest tank or 25% of the total storage capacity, whichever is greater? YES ☐ NO ☐
   c. Large enough to contain all ancillary pipework and equipment YES ☐ NO ☐
   d. Has no drainage valves YES ☐ NO ☐
   e. Is drained of rain/snow/spills within 24 hours? YES ☐ NO ☐

6. Are the contents of secondary containment system analysed prior to discharge? YES ☐ NO ☐

7. Do all tanks have level indicators and level alarms? YES ☐ NO ☐
   Are high level indicators and alarms interlocked to pumps? YES ☐ NO ☐

8. Is there any underground pipework associated with the tanks? YES ☐ NO ☐

9. Are there signs of over filled tanks? (stains on sides of tank/ground near tanks) YES ☐ NO ☐

10. Are tanks with incompatible materials located within different containment areas? YES ☐ NO ☐

11. If volatile or flammable liquids are stored in tanks, are these tanks grounded? YES ☐ NO ☐
    Are these tanks vented? YES ☐ NO ☐

12. Are there procedures in place to make tanks inert? YES ☐ NO ☐

13. Describe the potential for other releases:

XIII. UNDERGROUND TANKS

1. Using the material codes* below, complete the following table for all underground storage tanks:

Materials Stored	Tank Age	Size	Construction Material	Spill & Overfill Prevention? Y/N	Corrosion Protection? Y/N	Vaults or Double Skinned? Y/N	Leak Detection? (Y/N)	Y = YES N = NO

2. If the piping associated with the tank is pressurised, does it have an automatic shutoff? YES ☐ NO ☐

3. How often are the tanks tested for integrity and leaks?
   Is the associated piping also tested? YES ☐ NO ☐

4. When were the tanks last integrity tested?

5. If any leaking tanks have been found, what steps have been taken to respond to the leaks?

XIV. CHEMICAL AND PHYSICAL AND BIOLOGICAL WASTE TREATMENT

1. Using the material codes* below, complete the following table for each treatment process.

Waste Type	Purpose Of Treatment	Type of Waste Management Unit	Waste Unit Volume	Type of Residues Generated

2. Is the processing and/or treatment equipment in good condition at the site? YES ☐ NO ☐

3. Is the area designed to prevent run-on and run-off from rain and snow? YES ☐ NO ☐

4. Is the rainfall/snow melt run-off from the process area analysed for contamination before discharge? YES ☐ NO ☐

Material Codes*		
a. Bulk non-hazardous liquids	h. Biological sludges/solids	o. Pesticides
b. Bulk hazardous liquids	i. Organic sludges/solids	p. Municipal waste
c. Waste Oils	j. Inorganic sludges/solids	q. Chemical smalls
d. Halogenated solvents	k. Contaminated soil	r. PCBs & PCB-contaminated waste
e. Non-halogenated solvents	l. Flammable waste	s. Other (specify)
f. Organic Liquids	m. Reactive Wastes	t. Other (specify)
g. Inorganic Liquids	n. Corrosive waste	u. Other (specify)

XV. FUEL BLENDING OPERATIONS

1. For the types of waste listed below, what are the typical annual volumes of waste blended and annual volume burned at the facility?

	Annual Volume Blended	Annual Volume Burned
Oils		
Halogenated solvents		
Non-halogenated solvents		
Combustible organics		
Inorganics (specify)		
Other (specify)		

2. Describe the design of your fuel blending operations:

3. Are the fuel blending and transfer areas:

a. Are the fuel blending and transfer areas free from large cracks or severe damage?	YES		NO	
b. Paved?	YES		NO	
c. Under cover?	YES		NO	
d. Designed to prevent rain & snow melt from leaving the site?	YES		NO	

4. Is there evidence of a large number past spills (stains on the ground, paved areas, equipment)? YES ☐ NO ☐

5. Are fuels transferred from containers to tanks? YES ☐ NO ☐

XVI. COMBUSTION OPERATIONS (FUEL BURNING, INCINERATION, INDUSTRIAL FURNACES).

1. In areas where flammable wastes are processed, is electric equipment fire- and explosion-proof? YES ☐ NO ☐

2. Does your facility have control devices for process vents? YES ☐ NO ☐
   a. If yes, what kinds of control devices are used?

   b. Does the control device include a flow indicator that provides a record of vent stream flow every hour? YES ☐ NO ☐

   c. How often are readings from each monitoring device inspected to check control device operation?

   d. If the control device is not operating properly, are corrective measures implemented immediately? YES ☐ NO ☐

   e. Is the closed-vent system operated with no detectable emissions? YES ☐ NO ☐

3. Does your facility maintain the following records for closed-vent systems and control devices:

a. Identification/location of all process vents?	YES		NO	
b. Estimated emission rates?	YES		NO	
c. Vent emissions and emissions reduction data resulting from control devices?	YES		NO	

4. Does the facility have procedures to ensure that the temperature and residence times for the gas stream in each combustion chamber meets the permit requirements? YES ☐ NO ☐

5. Describe the overall design of the furnace, kiln, or boiler complex:
   a. Waste introduction/control

   b. List control parameters

   c. Relationship of furnace/boiler components

   d. Emission control devices (type, removal efficiency)

   e. Ash, APC residues or dust handling

   f. Stack monitoring

6. How often is the furnace/boiler and associated equipment inspected?

7. Describe any permit limits placed on waste feed composition:

8. Describe procedures/analyses taken to ensure that the waste feed is within the physical and chemical composition limits specified in the facility's permit.

9. Describe the feed control mechanisms for each unit:

	Unit 1	Unit 2	Unit 3
Interlock system (containers/conveyer belt)			
Flow meter (liquid injection)			
Automated feed system			

10. For liquid injection systems, how often is the injection system cleaned?
    Describe the cleaning process:

11. What methods are used to control fugitive emissions from the combustion zone?
    a. Seals YES ☐ NO ☐
    b. Negative Pressure YES ☐ NO ☐
    c. Other

12. For conveyer belt systems, is the conveyer belt covered to manage fugitive emissions? YES ☐ NO ☐
If not, describe:

13. Please complete the table below for each parameter:

Parameter	No. exceedences of permit limits in past year	Monitored? Y/N	Continuously Monitored? Y/N	Tied to Automatic Feed Shut-off? Y/N
Oxygen				
Carbon Dioxide				
SO2				
NOX				
Temperature - combustion chamber				
Temperature - prior to baghouse				
Temperature - at stack				
Waste feed rate				
Combustion gas velocity				
Other (specify)				

14. Describe how any exceedences of permit limits have been addressed

15. Describe other operating conditions that will result in automatic feed cut-off.

16. For shut down, describe emergency response and shut down procedures in the event of a feed cut-off:

17. For shut down, describe emergency response and shut down procedures in the event of an emergency:

18. How often are units and associated equipment inspected?

Are these inspections documented? YES NO

19. How often are emergency waste feed cut-off system and associated alarms tested?

20. How often are flow meters (waste, emissions and scrubbing systems) inspected and calibrated?

21. Has the unit experienced any unusual downtime during the last 3 years? YES NO
If yes, explain difficulties:

22. Are products of incomplete combustion (PICs) monitored? YES NO

23. Do combustion units automatically shutdown if PICs exceed permissible levels? YES NO

24. Does the facility have the potential to emit dioxins or furans? YES NO
If yes, have you conducted:
a. Emissions testing? YES NO
b. Dispersion modeling? YES NO
c. Health-based risk assessment? YES NO

XVII. BUNDED STORAGE AREAS

1. Describe the construction of bunded storage areas

2. What is the condition of the floor and bunds?

3. If a liner is used, describe what type:

3. Do bunded storage areas have a leak detection or leachate collection system? YES NO

4. Is groundwater monitored in the vicinity of the waste storage areas? YES NO
If yes, what are the monitoring results? (explain below or attach a copy of the results)

5. Are the bunded waste storage areas inspected periodically and after storms for signs of deterioration, overtopping or erosion? YES NO

6. Are procedures in place to prevent run-on and run-off from snow and rain? YES NO

XVIII. WASTE STOCK PILES

1. Are the waste stock piles located on a base constructed with a material that is impervious to the leachate generated by the pile? YES NO

2. How often are the wastes removed to inspect for cracks and deterioration of the base?

3. Is the leachate from the stock pile collected and sent for treatment? YES NO
Has the leachate been characterised? YES NO
If yes, what are the results? (describe below or attach a copy of the results)

4. Are all operations conducted under cover? YES NO

5. Are incompatible or reactive wastes treated or stored in waste stock piles? YES NO

6. Are liquids solidified or absorbed prior to placement in the stock pile? YES NO

7. Is curbing or bunding used to prevent run-on to and run-off from the waste stock pile? YES NO

8. Is groundwater monitored in the vicinity of the stock pile? YES NO
Describe results of monitoring below or attach a copy of results.

XIX. LANDFILLS

1. Are there any closed landfill cells at the facility? YES ☐ NO ☐

If yes, what types of waste were accepted in the closed cells:

Inert - describe	YES		NO	
Non-hazardous	YES		NO	
Hazardous	YES		NO	

2. Are all closed cells lined? If not, please provide details YES ☐ NO ☐

3. Using the material codes* below, please fill out the table below for each active landfill cell

Landfill cell number	1	2	3	4
a. Status (use codes below**)				
b. Classification of cell use codes below***)				
c. Is there a leachate collection system? (Y/N)				
d. Wastes landfilled (Use codes below)				
e. Wastes treated before landfilling (Y/N)				
f. What type liner is used?				
g. Remaining life of cell (years)				
h. Free liquids landfilled? (Y/N)				
i. Are toxics found in leachate? (Y/N)				
j. Groundwater monitoring system? (Y/N)				
k. Contaminants found in groundwater? (Y/N)				
l. Run-on & run-off prevention? (Y/N)				
m. Security system? (Y/N)				
n. Records kept of waste placed in cells? (Y/N)				
o. Gas production problems? (Y/N)				
p. Subsidence? (Y/N)				

****Status: Active (A) Inactive, not closed (INA) Under Construction (UC) Closed (CL) Planned, but not constructed (P)**

*****Classification: Hazardous (H) Non-Hazardous (NH) Inert (I) Stable, Non-Reactive Hazardous (SNR)**

Material Codes*		
a. Bulk non-hazardous liquids	h. Biological sludges/solids	o. Pesticides
b. Bulk hazardous liquids	i. Organic sludges/solids	p. Municipal waste
c. Waste Oils	j. Inorganic sludges/solids	q. Chemical smalls
d. Halogenated solvents	k. Contaminated soil	r. PCBs & PCB-contaminated waste
e. Non-halogenated solvents	l. Flammable waste	s. Other (specify)
f. Organic Liquids	m. Reactive Wastes	t. Other (specify)
g. Inorganic Liquids	n. Corrosive waste	u. Other (specify)

4. Do you undertake any of the following environmental monitoring? Please also indicate if this is a permit requirement and compliance with the permit/licence limits.

	Monitoring Undertaken?		Required by Permit/Licence?		Exceedences of limits in past year?	
	YES	NO	YES	NO	YES	NO
a. Leachate (levels/quality)						
b. Gas emissions						
c. Discharges to sewer/surface water						
d. Groundwater						
e. Air emissions (including dust/odour)						
f. Noise						
g. Other (please state)						

5. For IPPC permitted sites, does the design of the landfill cells meet BAT? YES ☐ NO ☐

6. Do you undertake any pretreatment of waste? If so, please describe YES ☐ NO ☐

7. Do you ensure that wastes are pretreated prior to disposal? YES ☐ NO ☐

8. Has the facility received any odour complaints? Of so, please describe YES ☐ NO ☐

XX. SOIL TREATMENT

1. **Describe your soil treatment system:**

2. **Does the site have a programme to monitor the effectiveness of the treatment?** YES ☐ NO ☐

3. **If there is a groundwater monitoring system for the soil treatment system?** YES ☐ NO ☐
   Describe results of monitoring below or attach a copy of results.