

**Section A: Inspection Information**

Inspection Date(s)	DNR Region	DNR Inspector(s)	Inspection was <input type="checkbox"/> Unannounced <input type="checkbox"/> Announced
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**Section B: Facility Information**

Facility Name	EPA ID Number	Facility ID (FID) Number
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Street Address	City	ZIP Code	County
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Facility Contact Name	Title	Telephone Number (include area code)
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E-Mail Address:

Legal Owner Name	Telephone Number (include area code)
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Street Address	City	State	ZIP Code
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Personnel Present	Title
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Personnel Present	Title
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Facility Main Product or Process

**Section C: Waste Received from Off-Site**

Note: All "NR" references are to the Wisconsin Administrative Code. When entering information into the Field Investigator Site Tracking (FIST) database, only enter the **bold** citation into the Code or Statute Citation field

NR 664.0071(1)(b) 1. Does the facility complete the procedures by performing the following?  
 Sign and date each copy of the manifest.  
 Note any manifest discrepancies, if applicable.  
 Provide at least one copy of the signed manifest to the transporter.  
 Send a copy of the signed manifest to the generator within 30 days.  
 Send a copy of the signed manifest to the Department within 30 days.  
 Retain a copy of the signed manifest on-site for at least 3 years from the date of delivery.  Yes     No

NR 664.0072(3) 2. Does the facility follow proper procedures when a significant manifest discrepancy is noted?  
 Attempt to reconcile discrepancy with the generator or transporter.  
 If there is no resolution within 15 days of receiving the waste, immediately submit a letter to the department describing the situation and a copy of the manifest.  Yes     No     N/A

**Section D: Rejected Shipments of Waste**

1. Has the facility rejected shipments of hazardous waste? If No, go to Section E.  Yes     No

NR 664.0072(4) 2. If the waste shipment is rejected or container residues exceed the quantity limits for empty containers, does the facility comply with the following?  
 Consult with the generator before forwarding the waste to another facility.  
 Return the rejected waste or residue to the generator if it is impossible to forward the waste to an alternate facility.  Yes     No  
 Send the waste to an alternate facility or the generator within 60 days of rejection or identifying the excess container residue.  
 Ensure the delivering transporter retains custody of the waste.  
 Provide secure, temporary custody of the waste before delivery to the first transporter.

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<b>NR 664.0072(5)(g)</b>	<p>3. Does the facility comply with the following if they reject a full load to an alternate facility before the transporter leaves?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Using the original manifest, the facility forwards the rejected shipment to an alternate facility identified in Item 18b.</li><li><input type="checkbox"/> The facility keeps one copy of the manifest for their records and gives the other copies to the transporter.</li><li><input type="checkbox"/> If the original manifest isn't used, complete the new manifest as required by # 4 below.</li></ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<b>NR 664.0072(5)</b>	<p>4. Does the facility comply with the following for other rejected wastes or residues sent to an alternate facility?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Prepare a new manifest according to the appendix in 40 CFR part 262.</li><li><input type="checkbox"/> Write the generator's EPA ID #, name and address on the manifest in Items 1 and 5.</li><li><input type="checkbox"/> Write the alternate designated facility and EPA ID # in Item 8.</li><li><input type="checkbox"/> Copy the manifest tracking number in Item 4 of the old manifest to the special handling block in Item 14 and indicate the shipment is a residue or rejected waste.</li><li><input type="checkbox"/> Copy the manifest tracking number in Item 4 of the new manifest to the manifest reference number in Item 18a of the old manifest.</li><li><input type="checkbox"/> Write the DOT description in Item 9, including container types, quantity and volume.</li><li><input type="checkbox"/> Sign the certification in Item 15 as the offerer of the shipment.</li></ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<b>NR 664.0072(6)(g)</b>	<p>5. Does the facility comply with the following if they reject a full load back to the generator before the transporter leaves?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Use the original manifest to return the shipment.</li><li><input type="checkbox"/> Complete items 18a and 18b, using the generator's information as the alternate facility.</li><li><input type="checkbox"/> Retain one copy of the manifest and give the other copies to the transporter.</li><li><input type="checkbox"/> If the original manifest isn't used, complete the new manifest as required by # 6 below.</li></ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<b>NR 664.0072(6)</b>	<p>6. Does the facility comply with the following if other rejected waste or residues are sent back to the generator?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Prepare a new manifest according to the appendix in 40 CFR part 262.</li><li><input type="checkbox"/> Write the facility's EPA ID# in Item 1 and the generator's name and address in Item 5 of the new manifest.</li><li><input type="checkbox"/> Write the name and EPA ID# of the initial generator as the designated facility in Item 8.</li><li><input type="checkbox"/> Copy the manifest tracking number in Item 4 of the old manifest to the special handling block in Item 14 of the new manifest and indicate the shipment as a residue or rejected waste.</li><li><input type="checkbox"/> Copy the manifest tracking number in Item 4 of the new manifest to the manifest reference line in the discrepancy block of the old manifest in Item 18a.</li><li><input type="checkbox"/> Write the DOT description in Item 9, including container types, quantity and volume of waste.</li><li><input type="checkbox"/> Sign the certification in Item 15 as the offerer of the shipment.</li></ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<b>NR 664.0072(7)</b>	<p>7. Does the facility comply with the following if they reject a waste or residue <u>after</u> the manifest has been signed, dated and returned to the transporter or generator?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Amend their copy of the manifest by indicating the rejected waste or residue in the discrepancy space of the manifest</li><li><input type="checkbox"/> Copy the manifest tracking number from Item 4 of the new manifest to the discrepancy space of the amended manifest.</li><li><input type="checkbox"/> Re-sign and date the manifest to certify the amended information.</li><li><input type="checkbox"/> Retain a copy of the amended manifest for at least 3 years from the date of the amendment.</li><li><input type="checkbox"/> Send a copy of the amended manifest to the transporter, generator, and department within 30 days.</li></ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

**Section E: Waste Analysis Requirements**

NR 664.0013(1)(a)	1. Before treatment or storage, has the facility obtained a detailed chemical and physical analysis of all incoming wastes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0013(1)(a)	2. Are waste samples analyzed by laboratories certified or registered under NR 149? If Yes, provide lab names and certification numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0013(1)(c)	3. Is the analysis repeated when either of the following occurs? <input type="checkbox"/> The process generating the waste has changed. <input type="checkbox"/> The shipment received does not match the waste designated on the manifest.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0013(1)(d)	4. Does the facility inspect and, if necessary, analyze each incoming waste shipment to determine if it matches the waste specified on the manifest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0013(2)	5. Does the facility have a written waste analysis plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0013(2)	6. Does the waste analysis plan contain ALL of the following? <input type="checkbox"/> The parameters for which each waste is tested and the reason for selecting the parameters. <input type="checkbox"/> Test methods used for each parameter. <input type="checkbox"/> Sampling method used to obtain a representative sample. <input type="checkbox"/> Frequency with which the initial analysis is reviewed or repeated. <input type="checkbox"/> For off-site facilities, the waste analysis supplied by generators.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0013(3)	7. If the facility accepts waste from off-site, does the waste analysis plan include the procedures for inspection and/or analysis to ensure the incoming waste matches the manifest?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Section F: Waste Generated On-Site and Waste Shipments**

Description of Waste Generated	Hazardous Waste Code	Generation Rate lbs/month	Receiving Facility	Analysis (Date)	Generator Knowledge (✓)
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

NR 662.011	1. Has a hazardous waste determination been made on each solid waste generated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.011(3)(a)	2. Were waste samples analyzed by laboratories certified or registered under NR 149? If YES, provide lab names and certification numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.011(3)	3. Has the waste determination been made correctly, considering the listed waste definitions and the characteristics of the waste, in light of the materials or processes used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.040(3)	4. Are records of all waste determinations kept on-site for at least 3 years from the date the waste was last sent to a storage, treatment or disposal facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.020(1)	5. Is a manifest initiated with all off-site shipments of hazardous waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.020	6. Does the generator comply with the following manifest requirements? <input type="checkbox"/> The manifest is used according to the instructions in the appendix to 40 CFR part 262. <input type="checkbox"/> A facility that is permitted or licensed to accept the waste is designated on the manifest.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.023(3)	7. If waste is shipped out-of-state, does the generator send a copy of the manifest to the department within 30 days of receiving the signed copy from the designated facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 662.020(1)	8. If the manifest continuation form, EPA form 8700-22A is used, is it prepared according to the instructions in the appendix of 40 CFR part 262?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 662.040(1)	9. Is a copy of the manifest signed by the facility retained until the signed copy from the designated facility is received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.040(1)	10. Is a copy of each manifest kept for at least three years from the date of shipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

NR 662.042	11. Are procedures for exception reporting followed? <input type="checkbox"/> Contact the transporter or TSD if the signed manifest is not received in 35 days. <input type="checkbox"/> Submit an exception report to the department within 45 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 662.030	12. Is the hazardous waste packaged according to applicable DOT requirements before transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.031	13. Is the hazardous waste labeled according to applicable DOT requirements before transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.032(1)	14. Is the hazardous waste marked according to applicable DOT requirements before transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.032(2)	15. Are containers of 119 gallons and less marked with the "Hazardous Waste-Federal law prohibit improper disposal" label before transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 662.033	16. Are placards offered to the initial transporter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section G: Land Disposal Restrictions</b>		
NR 668.07(1)	1. Has the facility determined if each waste is prohibited from land disposal? If yes, the determination was made by using: <input type="checkbox"/> Lab Analysis <input type="checkbox"/> Generator knowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 668.03	2. Does the facility comply with the prohibition against dilution of wastes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 668.07(1)	3. Is a one-time written notice sent to each treatment, storage or disposal facility with the initial waste shipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 668.07(1)	4. Is a new notification sent to the TSD and maintained in the generator file when the waste or receiving facility changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 668.07(1)	5. Does the facility use the correct LDR notification/certification? <input type="checkbox"/> Waste MEETS treatment standards; certification that wastes may be land disposed without further treatment <input type="checkbox"/> Waste EXCEEDS treatment standards; notice of appropriate treatment and applicable prohibitions	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 668.09(1)	6. Have underlying hazardous constituents been identified for characteristic wastes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 668.09(2)	7. If the waste is both a listed and characteristic waste, do the treatment standards for the listed waste code operate in lieu of the treatment standard for the characteristic waste code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 668.09(2)	8. If No to 7, are the treatment standards for all applicable listed and characteristic waste codes identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 668.50(1)(b)	9. Is each container clearly marked to identify its contents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 668.50(1)(b)	10. Is each container marked with the date on which each period of accumulation began?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 668.50(2)	11. Have all wastes been in storage for one year or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 668.50(3)	12. If No to 11, has the facility documented that longer storage was necessary to facilitate proper recovery, treatment, or disposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Section H: Recordkeeping and Reporting</b>		
NR 664.0073(1)	1. Is an operating record maintained at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NR 664.0073(2)	2. Does the operating record contain ALL of the following information, as applicable? <input type="checkbox"/> Description and quantity of each waste received. <input type="checkbox"/> Method and date of each wastes treatment, storage or disposal. <input type="checkbox"/> Location and quantity of each hazardous waste within the facility. <input type="checkbox"/> Records and results of the waste analysis performed. <input type="checkbox"/> Summary reports and details of all incidents that required implementation of the contingency plan. <input type="checkbox"/> Closure cost estimates and any changes that are made in these estimates. <input type="checkbox"/> Other monitoring, analytical data and tested as required. <input type="checkbox"/> For off-site storage and treatment facilities, a copy of the LDR notice required by the generator or the owner/operator. <input type="checkbox"/> For on-site storage and treatment facilities, the information contained in the LDR notice, except the manifest number, required by the generator or owner/operator.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0073(2)	3. Are documents in the operating record maintained until closure of the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0075	4. Have annual reports covering facility activities during the previous calendar year been submitted to the Department by March 1 of the following year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0076	5. Has the facility submitted an unmanifested waste report within 15 days if the facility received a waste from an off-site source without an accompanying manifest or shipping paper AND the waste is not excluded from manifest requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.0074(1)	6. Are annual reports and unmanifested waste reports available for inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section I: Preparedness and Prevention**

NR 664.0032	1. Is the facility equipped with ALL of the following, unless the equipment is not necessary for the types of wastes handled? <input type="checkbox"/> Device to summon emergency assistance (e.g., telephone, 2 way radio). <input type="checkbox"/> Internal communications and alarm systems. <input type="checkbox"/> Portable fire extinguishers. <input type="checkbox"/> Fire control equipment, including special extinguishing equipment. <input type="checkbox"/> Spill control equipment. <input type="checkbox"/> Decontamination equipment (e.g., eyewash, shower). <input type="checkbox"/> Water at adequate volume and pressure to supply water spray systems.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0033	2. Is all of the above emergency equipment tested and maintained to assure its proper operation in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0034	3. Is there immediate access to internal or external alarms or an emergency communication device in hazardous waste handling areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0037	4. Has the facility made necessary arrangements with ALL of the following emergency organizations? <input type="checkbox"/> Primary and support roles have been defined if multiple police and fire departments could respond to an emergency. <input type="checkbox"/> Familiarize police, fire and emergency response teams with the facility layout, hazards of the waste handled, places where personnel work, entrances and roads in the facility and possible evacuation routes. <input type="checkbox"/> Agreements with emergency response contractors and equipment suppliers. <input type="checkbox"/> Familiarize local hospitals with the properties of wastes handled and the types of injuries or illnesses that could result from an emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0035	5. Is aisle space provided throughout the facility to allow for the unobstructed movement of personnel and all emergency equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section J: Contingency Plan**

NR 664.0051	1. Does the facility have a written contingency plan that will be implemented immediately in the event of a fire, explosion or hazardous waste discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0052(2)	2. Has the facility amended a SPCC plan or other emergency plan so it incorporates hazardous waste management provisions sufficient to comply with these requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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<b>NR 664.0053(2)</b>	3. Have copies of the contingency plan and all revisions been made available to ALL of the following? <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency response teams	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NR 664.0054</b>	4. Does the contingency plan need to be amended due to any of the following? <input type="checkbox"/> Facility license was revised. <input type="checkbox"/> Contingency plan failed in an emergency. <input type="checkbox"/> Change in site design, construction, O&M, or other circumstances which affect emergency response. <input type="checkbox"/> Emergency coordinators changed. <input type="checkbox"/> Emergency equipment changed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NR 664.0055</b>	5. Does the plan identify an emergency coordinator who meets ALL of the following? <input type="checkbox"/> Available or on call to coordinate emergency response measures. <input type="checkbox"/> Familiar with all aspects of site activities and the contingency plan. <input type="checkbox"/> Has authority to commit the resources needed to carry out the contingency plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NR 664.0052</b>	6. Does the contingency plan include ALL of the following? <input type="checkbox"/> Designation of the primary emergency coordinator, with alternates listed in the order of assuming responsibility. <input type="checkbox"/> Name, address and phone number, office and home, for each emergency coordinator. <input type="checkbox"/> Description of the arrangements agreed to by the police, fire, hospitals and emergency response teams to coordinate emergency services. <input type="checkbox"/> Evacuation plan for personnel including signal(s) to be used in the event of evacuation and alternate routes. <input type="checkbox"/> Actions facility personnel will take in response to a fire, explosion or hazardous waste discharge. <input type="checkbox"/> List of emergency equipment at the facility including location, description, and capabilities of each item.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NR 664.0056</b>	7. Does the plan require the emergency coordinator to do ALL of the following in the event of a fire, explosion, or discharge of hazardous wastes? <input type="checkbox"/> Activate internal alarms or communication systems. <input type="checkbox"/> Notify appropriate authorities, if their help is needed. <input type="checkbox"/> Identify the character, source, amount, and extent of discharged hazardous materials. <input type="checkbox"/> Assess hazards to human health and the environment. <input type="checkbox"/> If the incident threatens human health or the environment outside the facility, notify local authorities that evacuation may be necessary and notify the national response center (800-424-8802) and the division of emergency government (800-943-0003). <input type="checkbox"/> Take all reasonable measures necessary to ensure fires, explosions and discharges do not occur, reoccur, or spread. <input type="checkbox"/> Monitor for leaks, pressure buildup, gas generation or ruptures in valves, pipes, or other equipment if the facility stops operation. <input type="checkbox"/> Provide for treating, storing, or disposing of recovered waste, contaminated soil, surface water, or other material. <input type="checkbox"/> Ensure wastes that are incompatible with the released material are not treated, stored or disposed until cleanup is completed. <input type="checkbox"/> Ensure that emergency equipment is clean and fit for use prior to resuming operations. <input type="checkbox"/> Notify the department and appropriate state and local authorities before resuming operations. <input type="checkbox"/> Submit an incident report to the department within 15 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Section K: Security and General Inspection Requirements**

NR 664.0014(2)	1. Does the facility have EITHER of the following to prevent the unknowing entry and minimize the unauthorized entry of persons or livestock onto active portions of the site? <input type="checkbox"/> 24-hour surveillance system (guards, facility personnel, or television) <input type="checkbox"/> Artificial or natural barriers to control entry (fence around active portions of facility) and a means to control entry (attendants, locked entrances or controlled roadway access)	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0014(3)	2. Are "Danger – Unauthorized Personnel Keep Out" signs posted at entrances and other locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0015(1)	3. Does the facility conduct inspections to determine if problems exist which could cause an environmental or human health hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0015(1)	4. Are the inspections conducted frequently enough to identify and correct problems before they harm human health or the environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0015(2)(a)	5. Has a written inspection schedule been developed for the following equipment? <input type="checkbox"/> Monitoring equipment <input type="checkbox"/> Safety and emergency equipment <input type="checkbox"/> Security devices <input type="checkbox"/> Operating and structural equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0015(2)(c)	6. Does the schedule identify problems to look for during inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0015(3)	7. Are problems remedied on a schedule that ensures they do not lead to environmental or human health hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0015(4)	8. Is a written inspection log maintained at the facility for at least 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0015(4)	9. Do the inspection logs include ALL of the following? <input type="checkbox"/> Date and time of inspection. <input type="checkbox"/> Name of inspector. <input type="checkbox"/> Notation of the observations made. <input type="checkbox"/> Date and nature of repairs or remedial actions.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section L: Personnel Training Requirements**

NR 664.0016(1)(a)	1. Does the facility have a program of classroom instruction or on-the-job training for personnel in hazardous waste management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0016(1)(b)	2. Is the program directed by a person trained in hazardous waste management procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0016(1)(b)	3. Does the program teach facility personnel hazardous waste management procedures relevant to the positions in which they are employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0016(1)(c)	4. Does the training program ensure personnel are able to respond effectively to emergencies by familiarizing them with the following applicable items? <input type="checkbox"/> Contingency plan implementation. <input type="checkbox"/> Procedures for using, inspecting, repairing, and replacing emergency and monitoring equipment. <input type="checkbox"/> Key parameters for automatic waste feed cut-off systems. <input type="checkbox"/> Communications and alarm systems. <input type="checkbox"/> Response to fires or explosions. <input type="checkbox"/> Response to groundwater contamination incidents. <input type="checkbox"/> Shutdown of operations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0016(2)	5. Are new employees trained within 6 months of their assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0016(2)	6. Do employees work in supervised positions until they complete the training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0016(3)	7. Do personnel take part in an annual review of the training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0016(4)	8. Does the facility keep ALL of the following training documents? <input type="checkbox"/> Job title and the employee name for each position related to hazardous waste management. <input type="checkbox"/> Job description of each of the above job titles. <input type="checkbox"/> Description of the amount and type of introductory and continuing training that will be given to each employee. <input type="checkbox"/> Records that required training has been given to each employee.	<input type="checkbox"/> Yes <input type="checkbox"/> No

NR 664.0016(5)	9. Are training records maintained? <input type="checkbox"/> Until closure for current personnel. <input type="checkbox"/> At least 3 years from the date the employee last worked at the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section M: Ignitable, Reactive or Incompatible Waste</b>		
	1. Does the facility treat or store ignitable, reactive or incompatible waste? If No, go to Section N.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0017(1)	2. Does the facility take precautions to prevent accidental ignition or reaction in the following ways? <input type="checkbox"/> Separate and protect waste from sources of ignition or reaction. <input type="checkbox"/> Confine smoking and open flame to specially designated locations. <input type="checkbox"/> Conspicuously place "No Smoking" signs where there is a hazard from ignitable or reactive wastes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0017(2)	3. Does the facility treat, store, or mix ignitable, reactive, or incompatible waste so that the waste does not result in any of the following? <input type="checkbox"/> Generate extreme heat or pressure, fire, or explosion, or violent reaction. <input type="checkbox"/> Produce uncontrolled toxic mists, fumes, dust or gases in sufficient quantities to threaten human health. <input type="checkbox"/> Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a fire or explosion risk. <input type="checkbox"/> Damage the structural integrity of the device or facility containing the waste. <input type="checkbox"/> Otherwise threaten human health or the environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0176	4. Are containers of ignitable or reactive waste located at least 50 feet from the property line?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0177(1)	5. Are incompatible wastes stored in separate containers unless the mixing will not generate extreme heat, fire, explosion, toxic gases or other dangers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0177(2)	6. Are containers that previously held waste washed before adding incompatible waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.0177(3)	7. Are containers of incompatible wastes separated or protected from each other by a physical barrier (dike, berm, wall or other device)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section N: Container Standards</b>		
NR 664.0171	1. Does the facility store hazardous waste in containers? If No, go to Section O.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0172	2. If a container is leaking or in poor condition, are the contents transferred to another container in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0173(1)	3. Are containers made or lined with materials that are compatible with the waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0173(2)	4. Are containers kept closed, except when it is necessary to add or remove waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0174	5. Are containers opened, handled or stored to prevent ruptures or leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0015(4)	6. Are container storage areas inspected weekly for leaks and deterioration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0175(2)(a)	7. Are inspections of the container storage areas documented in an inspection log?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0175(2)(e)	8. Is the base of the containment system free of cracks and sufficiently impervious to contain leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.0175(2)(e)	9. Are waste and accumulated precipitation removed from the sump or collection area in a timely manner to prevent overflow of the collection system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section O: Subch. AA Requirements for Process Vents</b>		
	1. Does the facility conduct distillation, fractionation, thin-film evaporation, solvent extraction, air stripping operations or steam stripping operations in units managing hazardous waste? If NO, go to Section P.	<input type="checkbox"/> Yes <input type="checkbox"/> No

NR 664.1034(4)	<p>2. Has the facility determined that the process vents are not subject to subch. AA by making an initial determination that the time-weighted, annual average total organic concentration of the waste managed in the above units is &lt;10 ppmw by either of the following?</p> <p><input type="checkbox"/> Direct measurement of the organic concentration of the waste.        ___ Calculated as an arithmetic mean from 4 grab samples.</p> <p><input type="checkbox"/> Knowledge of the waste by any of the following:        ___ Documentation shows no organic compounds are used in the process.        ___ Documentation shows that another identical process generates waste with &lt; 10 ppmw total organic content.        ___ If based on prior analysis, documentation shows there has been no change to the process that would affect total organic concentration.        ___ Other similar documentation.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
NR 664.1034(5)	<p>3. If the facility determined that the average total organic concentration is &lt;10 ppmw, has the determination been made according to all of the following?</p> <p><input type="checkbox"/> When the waste was first managed in the waste management unit or when the facility became subject to subch. AA.  <input type="checkbox"/> Annually thereafter for continuously generated waste.  <input type="checkbox"/> When there was a change in the waste managed or a change in the process generating or treating the waste.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
NR 664.1035(6)	<p>4. Does the operating record include the information used to determine that the time weighted, annual average total organic concentration managed in the waste management unit is &lt;10 ppmw?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
NR 664.1030(5)	<p>5. Has the facility determined they are not subject to subch. AA because they have certified that all process vents are equipped with air emission controls operating according to the process vent requirements in the Clean Air Act?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>6. Are all process vents excluded from subch. AA requirements because the average total organic concentration is &lt;10ppmw or because the vents are equipped with air emission controls? If YES, go to Section P.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
NR 664.1032(1)	<p>7. Have the total organic emissions from all process vents subject to subch. AA been reduced to either of the following?</p> <p><input type="checkbox"/> Below 3 lb/hr and 3.1 tons/yr.  <input type="checkbox"/> By 95 weight percent using a control device.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
NR 664.1032(3)	<p>8. Are vent emissions and emission reductions or total organic compound concentrations achieved by add-on control devices based on either of the following?</p> <p><input type="checkbox"/> Engineering calculations.  <input type="checkbox"/> Performance tests.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
NR 664.1035(6)	<p>9. Are all of the following records included in the facility operating record when knowledge of the waste or process is used to determine if the process vent is subject to subch. AA standards?</p> <p><input type="checkbox"/> Vent emissions and emission reduction rates.  <input type="checkbox"/> The total organic compound concentrations achieved by add-on control devices, based on engineering calculations or performance tests.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>10. If the facility uses a closed-vent system and control device to reduce total organic emissions, has the Standards for Closed Vent Systems and Control Devices for subch. AA and BB inspection form been completed?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

**Section P: Subch. BB Requirements for Equipment Leaks**

	1. Does the facility operate any of the following equipment that contains or contacts hazardous wastes with organic concentrations $\geq 10\%$ by weight? If NO, go to Section Q. <input type="checkbox"/> Pumps in light liquid service. <input type="checkbox"/> Compressors. <input type="checkbox"/> Pressure relief devices in gas or vapor service. <input type="checkbox"/> Sampling connection systems. <input type="checkbox"/> Open-ended valves or lines. <input type="checkbox"/> Valves in gas or vapor service or in light liquid service. <input type="checkbox"/> Pumps or valves in heavy liquid service <input type="checkbox"/> Pressure relief devices in light liquid or heavy liquid service. <input type="checkbox"/> Flanges or other connectors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NR 664.1050(5)</b> NR 664.1064(7)(e)	2. Is the equipment listed in question 1 excluded from subch. BB requirements because it is in vacuum service and individually listed in the facility operating record by an identification number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NR 664.1050(6)</b>	3. Is the equipment listed in question 1 excluded from subch. BB requirements because both of the following are met? <input type="checkbox"/> Operates < 300 hours per calendar year. <input type="checkbox"/> Identified, either by list or location (area or group), in the facility operating record.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NR 664.1064(13)</b>	4. If the facility determines compliance with subch. BB by documenting compliance with Clean Air Act requirements, is the documentation readily available as part of the operating record?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>NR 664.1064(11)</b>	5. Is the following information used to determine the applicability of the exclusions in questions 2-4 recorded in the operating log? <input type="checkbox"/> Analysis determining the design capacity of the hazardous waste management unit. <input type="checkbox"/> Statement listing the hazardous waste influent to and effluent from each hazardous waste management unit subject to subch. BB and an analysis determining whether these hazardous wastes are heavy liquids. <input type="checkbox"/> Up-to-date analysis and the supporting information used to determine whether or not equipment is subject to subch. BB. <input type="checkbox"/> When knowledge of the nature of the hazardous waste stream or the process by which it was produced is applied, supporting documentation such as the following: ___ Information that the production process does not use organic compounds. ___ The process is identical to a process at another facility where the total organic content was measured at <10% ___ The process has not changed to affect the total organic concentration of the waste. <input type="checkbox"/> A new determination is performed if there are any changes that could result in an increase in the total organic content of the waste in contact with equipment determined not to be subject to subch. BB requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Is all of the equipment listed in question 1 excluded from additional subch. BB requirements? If NO, complete the subch. BB inspection form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section Q: Subch. CC Level 1 Standards for Containers</b>		
<b>NR 664.1086(2)(a)</b>	1. Does the facility manage hazardous waste in either of the following subch. CC level 1 containers? If NO, go to Question 21. <input type="checkbox"/> Containers with a design capacity between 26 gallons and 119 gallons. <input type="checkbox"/> Containers with a design capacity of >119 gallons that are not in light material service.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>NR 664.1082(3)(a)          NR 664.1083(1)</p>	<p>2. Are containers exempt from subch. CC because of all of the following?  <input type="checkbox"/> The average VO concentration at the point of origination is &lt;500 ppmw for all hazardous waste entering the container.  <input type="checkbox"/> The initial determination of the average VO concentration for the waste stream was made before the material was placed in the container.  <input type="checkbox"/> The initial determination is reviewed and updated at least once every 12 months.  <input type="checkbox"/> A new waste determination is performed whenever changes to the source generating the waste stream likely causes the average VO concentration to increase to ≥500 ppmw.  <input type="checkbox"/> The average VO concentration is determined by direct measurement or by knowledge. Note: See NR 665.1084(1)(c) for direct measurement procedures and NR 665.1084(1)(d) for using knowledge.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NR 664.1089(6)(a)</p>	<p>3. For each waste determination, are the date, time, and location of each waste sample collected maintained in the facility records?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>NR 664.1082(3)</p>	<p>4. Is a container exempt from subch. CC because of any of the following?  <input type="checkbox"/> The organic content of all waste entering the container has been reduced by an organic destruction or removal process described in NR 664.1082(3) or NR 665.1083(3).  <input type="checkbox"/> The hazardous organic constituents of the waste placed in the container have been treated to meet LDR standards.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NR 664.1080(4)</p>	<p>5. Are containers excluded from subch. CC because they are used to store or treat hazardous waste from organic peroxide manufacturing processes?          Note: Certain records must be maintained. Refer to NR 664.1089(9) or 665.1090(9) for more information.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NR 664.1080(2)</p>	<p>6. Does the facility manage the following containers that are excluded from subch. CC?  <input type="checkbox"/> Containers are used solely to store or treat:              ___ On-site remediation wastes generated through NR 700 or RCRA corrective action activities.              ___ Radioactive mixed wastes in accordance with NRC requirements.  <input type="checkbox"/> Containers are equipped with air emission controls operated in accordance with the Clean Air Act requirements.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NR 664.1089(10)</p>	<p>7. If the air emission control device for subch. CC containers is operated in accordance with the Clean Air Act requirements, are the following records maintained?              ___ A certification of such by the owner or operator.              ___ The specific air program compliance requirements for the containers.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p></p>	<p>8. Are all containers managed at the facility excluded from subch. CC level 1 requirements? If YES, go to Question 21.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NR 664.1086(3)(a)</p>	<p>9. Are the following controls used on all Level 1 containers subject to subch. CC?  <input type="checkbox"/> Container meets applicable US DOT packaging requirements.  <input type="checkbox"/> A cover and closure devices form a continuous barrier over the container openings such that when they are secured, there are no visible holes, gaps or other open spaces into the container.  <input type="checkbox"/> An organic-vapor suppressing barrier is placed on or over the hazardous waste in an open-top container so that the hazardous waste is not exposed to the atmosphere.          Note: Level 1 standards do not apply to satellite accumulation or RCRA empty containers.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NR 664.1086(3)(b)</p>	<p>10. Are Level 1 containers that do not meet applicable US DOT packaging requirements equipped with covers and closure devices composed of suitable materials that do both of the following?  <input type="checkbox"/> Minimize exposure of hazardous waste to the atmosphere.  <input type="checkbox"/> Maintain integrity of the covers and closure devices.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

NR 664.1086(3)(c)	11. If a Level 1 container is filled to the final level in one continuous operation, is the closure device promptly secured in the closed position when the filling operation is concluded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.1086(3)(c)	12. If a Level 1 container is batch filled, is the closure device promptly secured in a closed position when any of the following occurs? <input type="checkbox"/> The container is filled to the intended final level. <input type="checkbox"/> The batch loading is completed and any of the following first occurs: ___ No additional material will be added within 15 minutes. ___ The person performing the loading operation leaves the immediate vicinity of the container. ___ The process generating the waste shuts down.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.1086(3)(c)	13. If Level 1 containers are opened to remove hazardous waste, is the closure device secured in the closed position upon completion of a batch removal and when either of the following first occurs? <input type="checkbox"/> No additional materials will be removed within 15 minutes. <input type="checkbox"/> The person removing the waste leaves the immediate vicinity of the container.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.1086(3)(c)	14. If access to the inside of a Level 1 container is needed to perform routine activities other than the transfer of hazardous waste (e.g., sampling), is the closure device secured in the closed position promptly after completing the activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.1086(3)(c)	15. If a Level 1 container is equipped with a pressure relief device that vents to the atmosphere, are all of the following conditions met? <input type="checkbox"/> The device is designed to operate with no detectable organic emissions (< 500 ppmv) when in the closed position. <input type="checkbox"/> The device is closed when the internal pressure is within the specified operating range. <input type="checkbox"/> The device opens and vents to the atmosphere only for the purpose of maintaining internal pressure according to the design specifications.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.1086(3)(c)	16. Are safety valves only opened to avoid an unsafe condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.1086(3)(d)	17. When first taking possession of a Level 1 container that will not be emptied within 24 hours, does the facility visually inspect the container, cover and closure device for visible cracks, holes, gaps or other open spaces on or before the date the facility accepts the container (e.g., signs the manifest)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.1086(3)(d)	18. If a Level 1 container remains at the facility for one year or more, is the container, its cover and closure devices visually inspected initially and at least once every 12 months for cracks, gaps or other open spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.1086(3)(d)	19. When a defect is detected, are the following repairs made? <input type="checkbox"/> Initial repair efforts are made within 24 hours of detection and completed within 5 calendar days <input type="checkbox"/> If repairs cannot be completed in 5 days, the waste is removed from the container which is not used until it is repaired.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NR 664.0015(2)(d)	20. Are records of these inspections maintained in the operating log for at least 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NR 664.1086(2)	21. Does the facility manage hazardous waste in either of the following? If YES, complete the Subch. CC Level 2 and 3 Requirements for Containers and Tanks inspection report. <input type="checkbox"/> Containers having a design capacity >119 gallons that are in light material service. <input type="checkbox"/> Containers having a design capacity >26 gallons during a waste stabilization process when hazardous waste is exposed to the atmosphere.	<input type="checkbox"/> Yes <input type="checkbox"/> No

22. For facilities with a final operating license: If the facility managed hazardous waste with an average VO concentration >500 ppmw or without adequate reduction of the organic content by an organic destruction or removal process in a container exempt from subch. CC level 1, 2 or 3 standards, has the facility met all of the following?

- NR 664.1090(1)**  Submitted a written report to the department which includes all of the following information:  Yes  No  N/A
- \_\_\_ Name of the facility, EPA ID#, and address.
  - \_\_\_ A description of the noncompliance event and the cause.
  - \_\_\_ The dates of noncompliance.
  - \_\_\_ The actions taken to correct the noncompliance and prevent reoccurrence.
- The report is submitted within 15 calendar days of the time the owner or operator becomes aware of the occurrence.

**Section R: Financial Responsibility**

**NR 664.0143** 1. Does the facility have proof of financial responsibility for closure?  Yes  No

**NR 664.0143** 2. Is the facility using any of the following as the proof mechanism for closure?

<input type="checkbox"/> Closure trust fund	<input type="checkbox"/> Net worth test	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Surety bond	<input type="checkbox"/> Deposit with the department	
<input type="checkbox"/> Letter of credit	<input type="checkbox"/> Escrow account	
<input type="checkbox"/> Insurance	<input type="checkbox"/> Multiple financial mechanisms	

**NR 664.0143** 3. Is the amount of the proof mechanism adequate to cover the most recent closure cost estimate?  Yes  No

**NR 664.0143** 4. If 3 is No, is the facility taking steps to increase the financial assurance to cover the closure costs within 60 days of a cost increase?  Yes  No  N/A

**NR 664.0147(1)** 5. Does the facility have liability coverage for sudden accidental occurrences?  Yes  No

**NR 664.0147(1)** 6. Is the facility using any of the following as a method of liability coverage?

<input type="checkbox"/> Insurance	<input type="checkbox"/> Surety bond	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Financial test	<input type="checkbox"/> Trust fund	
<input type="checkbox"/> Guarantee	<input type="checkbox"/> Multiple financial mechanisms	
<input type="checkbox"/> Letter of credit		

7. Indicate the date of the most recent financial review done by the Department Date: \_\_\_\_\_

8. Did the Department find that the financial responsibility for closure and liability coverage was adequate during the most recent financial review?  Yes  No

**Section S: License Requirements**

**NR 670.032** 1. Is the facility complying with the requirements of the license?

<input type="checkbox"/> Facility is in compliance with the conditions of the license	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Facility has not exceeded capacity limits for storage or treatment units	

**NR 670.042** 2. Has the facility notified the Department or requested a modification to their license, as required, for any changes at the facility?  Yes  No  N/A

**Section T: Waste Minimization**

**NR 664.0073(2)(i)** 1. Does the facility have a program to reduce the volume and toxicity of hazardous waste generated to the greatest economical degree possible?  Yes  No

**NR 664.0073(2)(i)** 2. Is a waste minimization certification signed at least annually maintained in the facility's operating record?  Yes  No

**NR 664.0075** 3. Does the facility include waste minimization information in its annual report?  Yes  No  N/A

**Section U: Facility Status Evaluation**

1. Is the facility conducting hazardous waste activities other than container storage?  Yes  No

2. If YES, check all that apply and complete additional inspection forms.

<input type="checkbox"/> Tank Storage	<input type="checkbox"/> Waste Pile/Containment Building	<input type="checkbox"/> Transfer	<input type="checkbox"/> Transporter
<input type="checkbox"/> Miscellaneous Unit	<input type="checkbox"/> Incinerator	<input type="checkbox"/> BIF	<input type="checkbox"/> Land fill/Surface Impoundment
<input type="checkbox"/> Land Treatment	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Universal Waste	

DNR Inspector Signature: _____	Date: _____
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