| **INSTRUCTIONS** |
| --- |
| **Instructions:** Please complete this questionnaire and return to your point of contact. Please answer all questions completely and accurately. Do not leave any blanks. If a question is not applicable, write “N/A.” If the information is unknown, please write “UNK.” Please provide copies of all documents requested in this questionnaire. The Compliance department will add the score and finalize. |

| **BACKGROUND INFORMATION** |
| --- |
| Facility NameAddressTelephone # Website EPA ID #Contact nameContact number |  |
| # of employees on site |  |
| Name and address of legal operator of the facility |  |
| Name and address of legal owner of the property |  |
| If facility is a subsidiary, list the name, address, and principal contact(s) of parent corporation /organization: |  |
| Identify main management  |  |
| Hours of operation |  |
| How long in operation |  |
| Identify expected date of closure |  |

| **FACILITY FACTS** |
| --- |
| Previous uses of facility |  | 1-25 |  |
| Describe security measures at site |  | 1-50 |  |
| Identify financial mechanism for closure |  | 1-50 |  |
| Insurance provider & type of coverage ($) |  | 1-50 |  |
| Nearest neighbor(s) – include name and type of facility |  | 1-50 |  |
| Nearest surface water body:Name:Distance from site: |  | 1-25 |  |
| Flood potential |  | 1-25 |  |
| **Total Accumulated Points** | **/** | **275** |

| **SUMMARY OF FACILITY PERMITS** |
| --- |
| **License/Permit** | **Number or ID** | **Issuing Agency** | **Expiration Date** |
|  |  |  |  |
|  |  |  |  |
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| --- |
| **5-YEAR REGULATORY INSPECTION SUMMARY** |
|  | **20**    | **20**    | **20**    | **20**    | **20**    |  |  |
| Total number of citation(s) received: |     |     |     |     |     | 1-50 |  |
| Penalties assessed (total $ amount) |     |     |     |     |     | 1-50 |  |
| Citation(s) issued for: |     | 1-50 |  |
| Corrective actions taken to abate citations: |     | 1-50 |  |
| **Total Accumulated Points** | **/** | **200** |

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| --- |
| **OSHA RATINGS FOR THE LAST FIVE YEARS (NAICS Code:**    **)** |
| **Year:** | **20**    | **20**    | **20**    | **20**    | **20**    |  |  |
|  |  | **Ind. Avg.** |  | **Ind. Avg.** |  | **Ind. Avg.** |  | **Ind. Avg.** |  | **Ind. Avg.** |  |  |
| ExMod |     | 1.0 |     | 1.0 |     | 1.0 |     | 1.0 |     | 1.0 | 1-25 |  |
| Total Case Incident Rate (TCIR) |     |     |     |     |     |     |     |     |     |     | 1-25 |  |
| Days Away, Restricted, Transferred Rate (DART) |     |     |     |     |     |     |     |     |     |     | 1-25 |  |
| **Total Accumulated Points** | **/** | **75** |

|  |
| --- |
| **COMPLIANCE HISTORY** |
|  | **Yes** | **No** | **Notes** |  |  |
| Is the facility operating under any compliance agreements or administrative orders? If yes, describe | [ ]  | [ ]  |  | 1-50 |  |
| Has your facility been assessed fines from regulatory enforcement actions or other administrative penalties? | [ ]  | [ ]  |  | 1-50 |  |
| Is your facility involved in any litigation or other legal action related to facility operations? (e.g., suits brought by employees, former employees, government agencies, or by organizations on behalf of the public or other individuals.) | [ ]  | [ ]  |  | 1-50 |  |
| Has your facility/company been named as a potentially responsible party (PRP) by any regulatory agency for the cleanup/restoration of a facility or property? | [ ]  | [ ]  |  | 1-50 |  |
| Are there any existing on-site or off-site contamination problems (air, soil, surface water, or groundwater) related to the firm's activities of which the firm is aware of, or is in the process of investigation? If yes, describe | [ ]  | [ ]  |  | 1-50 |  |
| **Total Accumulated Points** | **/** | **250** |

| **WASTE ACCEPTANCE CRITERIA** |
| --- |
| Accepted waste codes |  |
| Wastes not accepted |  |
| Pre- shipment waste procedures |  | 1-25 |  |
| Post-shipment procedures *(including* steps *the facility takes to determine whether to accept a particular waste stream)* |  | 1-25 |  |
| **Total Accumulated Points** | **/** | **50** |

| **INCOMING WASTE MANAGEMENT** |
| --- |
| Describe waste tracking procedures |  | 1-25 |  |
| Describe how rejected material will be handled |  | 1-25 |  |
| **Total Accumulated Points** | **/** | **50** |

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| --- |
| **DISPOSAL** |
| List all waste treatment/disposal processes and services undertaken at this facility from the receipt of the waste to its final disposal: |  |
| Identify offsite treatment, storage, disposal, and recycling facilities used for additional treatment, ultimate disposal, and/or reuse of the hazardous and non-hazardous waste streams generated. Include the name, location, and operation type. |  |

| **MATERIAL HANDLING AND/OR STORAGE** |
| --- |
| Describe major materials, capacities, and storage facilities (as well as storage areas) |  |
| Describe key transfer areas where transfer of materials takes place |  |
| What type of spill prevention and control do you have for process areas and tanks (e.g., overfilling equipment, leak detection, secondary containment, integrity testing, etc. |  | 1-50 |  |
| Spill/release history (i.e., material spilled/released, quantity, date) |  | 1-50 |  |
| **Total Accumulated Points** | **/** | **100** |

|  |
| --- |
| PROVIDE COPIES OF THE FOLLOWING DOCUMENTS |
| Liability and Environmental Impairment Insurance Policies | Check if included | [ ]  |
| Contingency Plan, Closure Plan | Check if included | [ ]  |
| Training Matrix | Check if included | [ ]  |
| Financial Assurance Certification (if applicable) | Check if included | [ ]  |

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| SUMMARY |
| Total Score*Note: facility must have a final score of 85% or better* |  | out of | **1000** | = |  | % | [ ]  | Pass | [ ]  | \*Fail |
| California [VSP Score](https://dtsc.ca.gov/violations-scoring-procedure/) | [ ]  | Acceptable | [ ]  | Conditionally Acceptable | [ ]  | Unacceptable | [ ]  | N/A |
| California [EnviroStor Percentile Score](https://www.envirostor.dtsc.ca.gov/public/search?basic=True) |  |  |  |  |  | [ ]  | N/A |

**List of Attachments:**

|  |  |  |
| --- | --- | --- |
|  |  | Page(s) |
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