

US EPA ARCHIVE DOCUMENT

BUSINESS NAME: \_\_\_\_\_



**WASHINGTON STATE DEPARTMENT OF ECOLOGY**  
Hazardous Waste and Toxics Reduction Program

**Environmental Results Program  
for the Auto Body Sector**

State ERP ID number \_\_\_\_\_

Date: \_\_\_\_\_

Self-inspected by: \_\_\_\_\_

Entry time: \_\_\_\_\_

Lead Inspector: \_\_\_\_\_

Exit time: \_\_\_\_\_

**Business Identification:**

Legal Business Name: \_\_\_\_\_

Site address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Site Guide: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: Same as Site Address Multiple sites in area # \_\_\_\_\_ Home-based Business

Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Facility Permits:**

Clean Air Agency: NW Olympic Puget Sound Spokane

Reg. Number: \_\_\_\_\_ Exp: \_\_\_\_\_

NOC permit: \_\_\_\_\_ Date issued: \_\_\_\_\_

Underground Injection Container: Issuing authority: \_\_\_\_\_ Permit # \_\_\_\_\_

UBI #: \_\_\_\_\_ Municipal Bus. License# \_\_\_\_\_

**Waste Disposal:**

EPA Site ID# \_\_\_\_\_ Waste Hauler: \_\_\_\_\_

**Activities:**

Which types of activities are performed inside a building or structure?

Collision repair Auto restoration Student training Other:

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<b>Hazardous Waste office</b>		
1. What is the facility's hazardous waste generator status under Washington state's classification system?		
<input type="checkbox"/> (LQG)	<input type="checkbox"/> (MQG)	<input type="checkbox"/> (SQG) <i>must be SQG to be E-Star ☆☆</i>
2. What is the maximum amount of RCRA hazardous waste generated in a month <i>NOTE: Includes satellite accumulation</i>		_____
3. Has the facility identified all of its hazardous waste streams?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the facility have MSDS or formulation data supplied by manufacturer for all the solvents and coatings that they use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the facility have documentation of the amount of coatings used that contain chromium, lead, cadmium, nickel, and manganese (especially hexavalent chromium, most common in corrosion control undercoats and red, orange, and yellow paint colors) and the metals content of these coatings?	<input type="checkbox"/> Y <input type="checkbox"/> NA	<input type="checkbox"/> No
6. Do you use filters in the spray booth that are non-HOC (halogenated organic compound) based or blown?	<input type="checkbox"/> Yes <input type="checkbox"/> Unk	<input type="checkbox"/> No
7. Are waste solvents and sludge from still (still bottom) disposed of as hazardous waste and considered part of the 220 gallons per month SQG designation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are paint booth filters are stored and managed dangerous waste? <i>unless test results show that they are not hazardous</i>	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No
9. Are solvent and other hazardous fluids conserved by using the minimum amount required for the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is a manifest required for this type of facility to ship hazardous waste? IF NO, SKIP to next Question	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. If yes, does the facility use a hazardous waste manifest to ship its hazardous waste when a manifest is required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. If a HW manifest is not required, does the facility document hazardous waste shipments some other way (e.g. non-hazardous manifest, bill of Lading, other documentation)? LSC	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No
☆13. Does your shop have an employee training program that teaches employees proper hazardous waste management procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Is the waste accumulation area inspected weekly for signs of spills or container deterioration and recorded? 14a. Is this inspection documented with written records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
☆15. Do you assign specific employees to be responsible for labeling containers and for proper waste collection, storage, and disposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<b>Hazardous Waste Accumulation Area walk-through</b>		
1. Are waste containers closed except when materials are being added or removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are all hazardous waste containers properly labeled with the following: The words "hazardous waste" or "dangerous waste" and clearly marked The date on which accumulation began? The risk hazard of the chemical ( <i>ie., toxic, flammable, etc.</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
3. Does the hazardous waste accumulation area have secondary containment for spills and leaks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your shop have secondary containment for all chemicals, including paints, thinners, strippers, cleaners, and automotive fluids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are all containers in good condition (free of severe rusting or apparent structural defects and not leaking)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is all waste kept inside or under cover, and or not in direct contact with soil?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are all hazardous waste containers stored on a crack-free, impervious surface that will contain leaks or spills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. At the time of inspection, has the facility exceeded the state's time limits for the amount of RCRA hazardous waste that can be stored on-site by this category generator (excludes satellite accumulation)?  <i>Translation: Do you accumulate more waste than allowed for your generator status?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No
9. At the time of inspection, has the facility exceeded the state's time limits for the amount of RCRA hazardous waste that can be stored on-site by this category generator (excludes satellite accumulation)?  <i>Translation: Is HW shipped off-site within storage time limit? SQG NA, MQG 180 dys, LQG 90 dys</i>	<input type="checkbox"/> Yes <input type="checkbox"/> NA/ SQG	<input type="checkbox"/> No

<b>Universal Wastes</b>		
1. Are mercury (Hg)-containing fluorescent/HID lamps, Hg thermostats, Hg batteries and Hg auto switches recycled or handled as hazardous waste.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are employees made aware that mercury containing items must be handled specially?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Water</b>		
1. Does facility have any unsealed floor drains? <i>Inspector will perform visual inspection of floor drains to see if sealed. If no floor drains, answer no</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a. If yes, is the facility in compliance with the state standard for discharges to unsealed floor drains?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the facility discharge to sanitary sewer? If yes, then do you have approval from the local POTW and follow its pre-treatment guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is pre-treatment required? For example: oil/water separator ,API , CP, CB, filtration , grit separator, other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does facility discharge industrial wastewater to sewer system? Sewer system includes sanitary, stormwater or combined sewers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. If facility discharges industrial wastewater to the sewer, does the facility have a permit for industrial discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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5. Does the facility discharge to surface water?  Yes  No
- 5a. If yes, is facility in compliance with the applicable requirements for these discharges?  Yes  No  
 NA

6. Does the facility discharge to groundwater (e.g., discharge to an onsite septic system, drywell, etc.)? 6a. If yes, is the facility in compliance with the applicable requirements for these discharges?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No <input type="checkbox"/> No
7 Are reusable cloth rags laundered at a permitted industrial laundry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. ☆ Do you clean paintbrushes and tools covered with water-based paints in sinks connected to sanitary sewers or in portable containers that can be dumped into a sanitary sewer drain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Do you clean out the stormwater drainage system (catch basins) regularly?	Yes	<input type="checkbox"/> No
10. Do you use a storm drain cover, filter fabric, or other runoff control device to prevent dust, grit, washwater, or other pollutants from escaping the work area and entering a catch basin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are water treatment devices (oil/water separators) inspected and maintained? Is the maintenance recorded in a logbook?	<input type="checkbox"/> Y <input type="checkbox"/> Y	<input type="checkbox"/> No
12. Are outdoor paved areas swept regularly, rather than hosing?	<input type="checkbox"/> Y	<input type="checkbox"/> No
13. If the parking lot or other outdoor areas are washed with water, is the water sent to the sanitary sewer or off-site disposal?	<input type="checkbox"/> Y	<input type="checkbox"/> No
14. Is there any indication of spills in or near the shop? <i>Inspector will check for stains on the ground and in and around manholes, leaking tanks and containers and/or pooled liquids</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Are vehicles checked as they come in for leaking fluids are drained or contained with drip pans immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Are outdoor stockpiled/stored materials under cover? If not under cover, are storage areas protected from stormwater run-on/run-off (i.e., berms or other barriers installed)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
☆ 17. Do you keep dumpster or garbage cans covered to avoid rain falling into the dumpster and becoming contaminated.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Wash water Practices**

1. Does any washwater enter into storm drains?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is all vehicle washing performed in on a covered containment pad with perimeter drains, trench drains or catchment drains?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. How many vehicles do you wash a month?_(number)_____		
4. Are drains in the vehicle washing area directed to a sanitary sewer or a sump and then transported off site to a sanitary sewer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. ☆ Have you mapped the location and discharge of all your drains?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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6. ☆ Have you trained your employees so that they are familiar with the site's drainage layout and catch basin locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. ☆ Do you use phosphate-free biodegradable soaps and detergents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Facility Management, Training and Conservation**

1. Is facility required to have emergency procedures? 10a. If yes, is the facility in compliance with the applicable requirements for emergency procedures for this category of generator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If emergencies procedures are not required, does the facility have emergency procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there a spill plan for the facility? (not required for SQGs) LSC Are employees trained and aware of the spill plan? LSC	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
4. SQGs provide spill materials and a documented response plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is there any indication of spills in or near the shop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are clean up materials appropriate for the chemicals stored on-site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. ☆ Are vehicles checked as they come in for leaking fluids and drained or contained with drip pans immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No-
8. ☆. Does your shop spot-clean drips and spills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No-
9. ☆ Is care taken to avoid spilling and dripping solvents and other fluids? (by utilizing spigots, pumps and funnels?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No-
10. ☆ Do you use a centralized inventory system and/or "just in time" purchasing to minimize excess waste or theft	<input type="checkbox"/> Yes	<input type="checkbox"/> No-
11. ☆ Do you work with vendors/jobbers to find less hazardous products (such as water based or other low VOC coatings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No-

**Recycling and conservation**

12. Has the facility taken one or more actions to reduce toxics the past three years? Check all that apply: _____ Use water-based or low-solvent coatings (primers, basecoats and painting)? _____ Attempt to avoid use of coatings that contain toxic metals (chromium, lead, cadmium, nickel, and manganese) by asking suppliers for alternative formulations? _____ Avoid use of methylene-chloride based paint strippers? _____ Recycle any solvents? _____ Use recycled solvent for gun cleaning? _____ Have an inventory system in place to prevent products from going out of date? _____ non-solvent based putty/fillers _____ Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No-
<b>If Yes</b> , briefly describe the toxic use reduction projects:		

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<p>13. ☆ Have you identified proper recycle/disposal actions for your dangerous wastes such as: <i>(check all that apply)</i></p> <table border="0"> <tr> <td>_____ batteries</td> <td>_____ automotive batteries</td> </tr> <tr> <td>_____ greases</td> <td>_____ used oil</td> </tr> <tr> <td>_____ oil filters</td> <td>_____ brake fluid</td> </tr> <tr> <td>_____ antifreeze</td> <td>_____ paint thinner</td> </tr> <tr> <td>_____ fluorescent tubes</td> <td>_____ paint</td> </tr> <tr> <td>_____ hydraulic fluids</td> <td>_____ solvents</td> </tr> <tr> <td>_____ transmission fluids</td> <td>_____ aerosol cans</td> </tr> <tr> <td>_____ rags</td> <td>_____ CFCs</td> </tr> </table>	_____ batteries	_____ automotive batteries	_____ greases	_____ used oil	_____ oil filters	_____ brake fluid	_____ antifreeze	_____ paint thinner	_____ fluorescent tubes	_____ paint	_____ hydraulic fluids	_____ solvents	_____ transmission fluids	_____ aerosol cans	_____ rags	_____ CFCs	<input type="checkbox"/> Yes	<input type="checkbox"/> No-
_____ batteries	_____ automotive batteries																	
_____ greases	_____ used oil																	
_____ oil filters	_____ brake fluid																	
_____ antifreeze	_____ paint thinner																	
_____ fluorescent tubes	_____ paint																	
_____ hydraulic fluids	_____ solvents																	
_____ transmission fluids	_____ aerosol cans																	
_____ rags	_____ CFCs																	
<p>14. ☆ Have you identified proper recycling for your non-dangerous wastes, such as:</p> <table border="0"> <tr> <td>_____ paper</td> <td>_____ bumpers</td> </tr> <tr> <td>_____ scrap metal</td> <td>_____ washwater</td> </tr> <tr> <td>_____ computers</td> <td>_____ cleaning solutions</td> </tr> <tr> <td>_____ pressure washwater</td> <td>_____ any other recyclable materials</td> </tr> </table>	_____ paper	_____ bumpers	_____ scrap metal	_____ washwater	_____ computers	_____ cleaning solutions	_____ pressure washwater	_____ any other recyclable materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No-								
_____ paper	_____ bumpers																	
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_____ computers	_____ cleaning solutions																	
_____ pressure washwater	_____ any other recyclable materials																	
<p>15. Has the facility taken one or more actions to conserve water the past three years? 15a. If Yes, briefly describe the water conservation projects:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<p>☆16. Has facility taken one or more actions to conserve energy over the past three years? <i>(such as: install new windows and skylights, replace your old compressor, switch to fluorescent lights, purchase energy star appliances, insulate roofs, upgrade heating and cooling systems, etc.)</i> 16a. If Yes, briefly describe the energy conservation/alternative energy projects:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																

**Air Quality State Regulations**

<p>1. Have you registered your facility with your local air pollution agency?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No-
<p>2. Does your paint shop have an Air Quality Notice of Construction (NOC) Permit?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No
<p>3. Are you in compliance with all of the conditions specified in your Air Quality Permit?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No
<p>4. Are you required by your NOC permit to have an O&amp;M manual?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No-
<p>5. If an O&amp;M manual is required by your NOC permit, do you keep a written Operation and Maintenance (O&amp;M) Manual to periodically inspect shop equipment, repair defects, and train and assign people to carry out your plan?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No

**Air Quality Federal Regulations**

**New requirements for the Environmental Protection Agency (EPA) Area Source Rule**

<p>5. Have you submitted your required notifications for the Area Source Rule to the Environmental Protection Agency (EPA), Region 10? Initial notification, notice of compliance</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>6. If your facility has made changes, which are different from your original notification to the EPA for the Area Source Rule, have you submitted your annual notification of changes report to the EPA?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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7. Are all spray-applied coatings applied using an HVLP spray gun or an equivalent high transfer efficiency technology?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is all paint spray gun cleaning done with a fully enclosed spray gun washer or in a manner that avoids creating an atomized mist or spray of gun cleaning solvent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>9. Does the facility have a high transfer efficiency painting training in place?</p> <p>Check all that apply</p> <p>____ Surface preparation;</p> <p>____ Spray gun, set up, and operation, for different types of coatings to improve transfer efficiency and minimize coating usage and overspray;</p> <p>____ Routine spray booth and filter maintenance;</p> <p>____ Safety precautions;</p> <p>____ Environmental compliance;</p> <p>____ Other:(please describe) _____</p> <p><i>NOTE: Examples of training can include, but is not limited to, hands-on and/or classroom training. Training can also consist of initial and/or refresher courses.</i></p> <p><b>IF NO, SKIP to next question</b></p> <p>9a. If yes, is the training documented?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No  <i>Required as of 12/14 /2010</i>
<p>10. Are all spray-applied coatings applied in an enclosed, ventilated spray booth or preparation station?</p> <p><b>IF NO, SKIP to next question</b></p> <p>10a. If yes, is the station fitted with particle filters on the exhaust?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. If the facility uses a spray booth or prepstation, is it fitted with a type of filter technology or system that has been demonstrated to achieve at least 98 percent capture of paint overspray (this would include polyester fiber or fiberglass filters)?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No
12. Are spraybooth filters checked to ensure that they are seated properly?	<input type="checkbox"/> Y	<input type="checkbox"/> N
13. When sanding, do you keep the shop doors closed to avoid releasing dust outdoors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>14. Does the facility use paint strippers containing Methylene Chloride (MeCl)?</p> <p><b>IF NO, SKIP to next Question</b></p> <p>14a. If yes, does the facility keep records to document annual usage?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. If facility uses MeCl for paint stripping, is there a minimization plan?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No
16. Does the facility use ventilated sander (dustless vacuum) equipment that captures paint dust and body filler, or an overhead capture system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Are disposable rags handled, stored and disposed of in a manner to contain the evaporation of solvents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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### Worker Health and Safety

1. Do you have a safety and health Accident Prevention Program (APP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have a Chemical Hazard Communication plan including worker training, material safety data sheets, and container labeling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you Identified and Evaluated (through air sampling or other effective means) the Respiratory Hazards in your workplace ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have a Written Respirator Program and Recordkeeping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have a Respiratory Protection Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Source Control

1. Is there documentation for waste disposal methods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has facility applied for UIC permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has facility prepared Stormwater pollution prevention plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Select catch basin outlet trap type      PVC Elbow      Metal Elbow	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has material accumulated to fill over 60% of the capacity of the catch basin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Select material(s) in CB      Sediment      Plants      Trash	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is there evidence of contaminants in CBs Select contaminant : Oil/Grease , Paint, Solvent, Sewage, Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. What year was building(s) constructed      # Buildings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is the building(s) painted      Year last painted      Paint Condition: Poor      Fair      Good	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Roof: Metal, Coated Metal: , Tar:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Number of parking stalls		
12. Is lot: gravel, asphalt, coal tar (Contractor)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. What cleaning materials are used?      Liquid Wax, Soap, Detergent Brands:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Is there repair and maintenance of vehicles outside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No