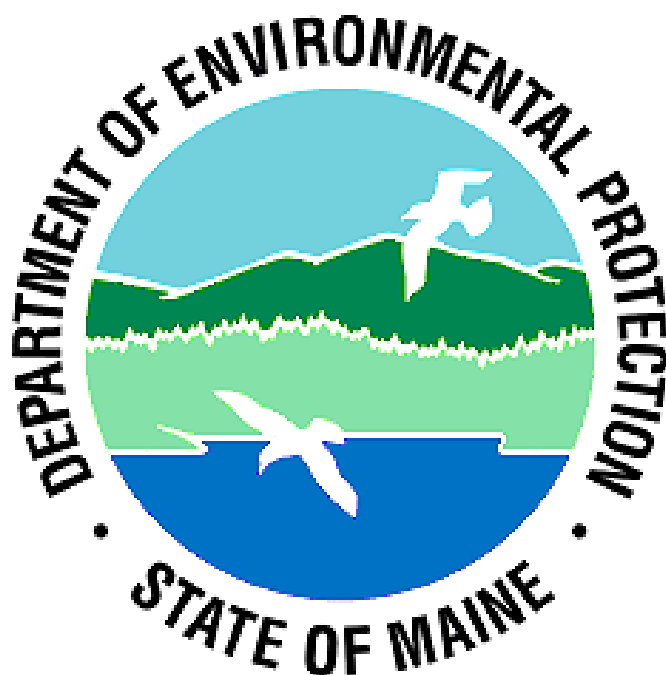


US EPA ARCHIVE DOCUMENT

Auto Body Environmental Results Program
Self Certification Checklist



February 2006

**Maine Department of Environmental Protection
Office of Innovation and Assistance
17 State House Station
Augusta, Maine 04333-0017
<http://www.maine.gov/dep>**

Table of Contents

	Page
Instructions	3
Section A- General Facility Information	4-5
Section B- Waste Management	6-9
Section C- Air Quality	10-11
Section D- Water Quality	12-13
Return-to-Compliance Forms	15-16
Non-Participation Form	17-18

Self-Certification Checklist Instructions

Fill out the Self-Certification Checklist

After you review the workbook, fill out this Self-Certification Checklist. Answer all questions unless you are instructed to skip a question. If you are not following all of the requirements and have a violation, you should try to correct the violation immediately. If you can correct the violations right away, you will not need to fill out and send in a Return-to-Compliance Plan (described in the next step).

Fill out Return-to-Compliance (RTC) Plans, if necessary.

If you are not in compliance with any requirement when you submit the Self-Certification Checklist to the DEP, you must submit a Return-to-Compliance Plan for each requirement that you do not meet. (On the Self-Certification Checklist you will be directed to “submit an RTC Plan”). In the Return-to-Compliance Plan, you will tell the DEP what the problem is and how you intend to fix it. You will have 30 days to fix the problem, however, DEP recommends that you fix any problem immediately to protect worker safety and the environment. Correcting the problem right away will also help protect your shop from enforcement actions should a compliance inspector visit the shop.

Sign and submit all forms.

The owner of the shop, or another person who can take legal responsibility for the shop, must review and sign all the forms. This makes sure that the boss knows what is happening at the shop, and takes responsibility. Once all the forms are signed, make a copy for your records, and send the originals to the DEP. All forms must be returned to the DEP by **April 28, 2006**.

If you have any questions about how to fill out the Self-Certification Checklist or Return-to-Compliance forms, please call (207) 287-4432.

Auto Body Environmental Results Program Self-Certification Checklist

Section A: General Facility Information

- A1. Date (mm/dd/yyyy): ____/____/____
- A2. Business Name: _____
- A3. Alternate Business Name (if any): _____
- A4. Street Address: _____
- A5. City, Zip Code: _____
- A6. Mailing address (if different from above): _____
- A7. City, Zip Code: _____
- A8. Business Phone Number: (____)_____
- A9. Business Fax Number: (____)_____
- A10. Business Email: _____
- A11. Federal Employer ID Number: _____
- A12. Number of Employees: _____
- A13. Name of Contact (First, Last): _____
- A14. Contact Person's Phone Number (if different than business phone): (____)_____
- A15. Name of Business Owner (First, Last): _____
- A16. Owner's Phone (if different than business phone): (____)_____
- A17. Has business changed any of the following information in the last year? (check all that apply)
- Business Location Business Name Business Ownership
- A18. Previous Street Address: _____
- A19. Previous City, Zip Code: _____
- A20. Previous Business Name: _____
- A21. Previous Owner (First, Last): _____
- A22. Business Type: (check only one)
- Franchise/Chain (under contract to another company that owns more than 1 auto body facility; includes company-owned stores and independent franchise)
- Independent (own no allegiance to any other company or organization)
- Government (federal, state, and local government facilities)
- Educational (technical schools)
- Other (specify): _____

A23. Type of services provided: (check all that apply)

Auto Body Car Dealership Salvage Yard

Mechanical Repairs Car Wash Gas Station

Other (specify): _____

A24. Average number of vehicles processed per week: _____

A25. Average amount of paint used per vehicle: _____

A26. Has the shop been inspected by Department of Environmental Protection (DEP) within the last year? Yes No

Section B: Waste Management

Waste Generated

- B1. Does the shop generate any of the following wastes? (Check all that apply.)
For checked items, indicate how the waste is disposed of)

Waste:

- gasoline _____
- brake fluid _____
- lead acid batteries _____
- paint _____
- paint thinner _____
- parts cleaning solvents _____
- rags or wipes used with solvents _____

Hazardous Waste

(refer to pages 5-13 in the workbook)

The following questions are requirements for all generator statuses: Small Quantity Generators (SQG), Small Quantity Generator Pluses (SQG Plus), and Large Quantity Generators (LQG). If you are not in compliance with the requirement, you will be instructed to submit a Return-to-Compliance (RTC) Plan, which is included at the back of this checklist.

- | | | | |
|-----|---|--------------------------|-------------------------------|
| | | YES | NO |
| B2. | Does the shop generate hazardous waste? (if no, skip to B26) | <input type="checkbox"/> | <input type="checkbox"/> |
| B3. | What is the shop's hazardous waste generator status? (check only one box, and include EPA ID#) | | |
| | <input type="checkbox"/> Small Quantity Generator (SQG) | | |
| | <input type="checkbox"/> Small Quantity Generator Plus (SQG Plus) EPA ID# _____ | | |
| | <input type="checkbox"/> Large Quantity Generator (LQG) EPA ID# _____ | | |
| B4. | What is the greatest monthly amount of hazardous waste generated by the facility in the last 12 months? | | _____gallons |
| B5. | Has the shop determined which wastes are hazardous? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If no, submit RTC Plan |
| B6. | Does the shop properly label containers of hazardous waste? (Labels must say "hazardous waste," must list the date waste is first put into the container, and must list the date the container becomes full.) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If no, submit RTC Plan |
| B7. | Does the shop store hazardous wastes in containers of 55-gallons or less? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If no, submit RTC Plan |

- | | YES | NO |
|---|--------------------------------|--------------------------|
| B8. Does the shop ship each full hazardous waste container off site within 180 days (90 days if your shop is an LQG) after filling the container? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B9. Has anyone at the shop ever filled out or signed a hazardous waste manifest form? (if no, skip to B13) | <input type="checkbox"/> | <input type="checkbox"/> |
| B10. When was the last time you shipped hazardous waste? | ___/___/___ | |
| B11. Who was the hazardous waste transporter? _____ | | |
| B12. Where was the waste shipped for disposal? _____ | | |
| B13. Does the shop use a solvent recycler? (if no, skip to B15) | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, submit RTC Plan | |
| B14. Does the shop have a license from the DEP to operate a solvent recycler? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |

The following questions are requirements for SQG Pluses and LQGs. If you are not in compliance with the requirement, you will be instructed to submit a RTC Plan, which is included the back of this checklist. If you are an SQG these questions are not requirements, and you do not have to fill out an RTC if you are out of compliance.

- | | | |
|---|-------------------------------|--------------------------|
| B15. Are incompatible wastes stored separately? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B16. Are the hazardous waste storage containers free of rust, dents, bulges, leaks or other damage and compatible with the wastes stored in them? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B17. Does the shop keep hazardous waste containers closed except when adding or removing waste? (this includes removing the funnel from the drum when not in use) | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B18. Are all hazardous wastes stored on a firm working surface, impervious to leaks? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B19. Does the shop inspect containers of hazardous waste daily? (if no, skip to B21) | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B20. Does the shop keep a log of the inspections? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |

- | | YES | NO |
|---|-------------------------------|--------------------------|
| B21. Does the shop store ignitable and reactive wastes 50 feet from the property line? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B22. Do hazardous waste containers have secondary containment sufficient to contain all leaks? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B23. Are rags and other materials contaminated with a listed hazardous waste or flammable waste managed as hazardous waste? (You do not have to submit an RTC Plan if you are following DEP's Solvent-Contaminated Wipers Management guidance.) | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B24. Does the shop containerize the wastes generated from cleanups of hazardous waste spills, and dispose of the wastes as hazardous waste? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B25. Does the shop have a program that trains employees who handle hazardous waste in proper waste management procedures? (this is a requirement for LQGs; this is a BMP for SQGs and SQG Pluses) | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |

Universal Waste
(refer to pages 14-17 in the workbook)

- | | | |
|--|-------------------------------|--------------------------|
| B26. Does the shop generate any universal waste? (check all that apply) | | |
| <input type="checkbox"/> batteries | | |
| <input type="checkbox"/> cathode ray tubes | | |
| <input type="checkbox"/> lamps: high intensity discharge, fluorescent, neon | | |
| <input type="checkbox"/> mercury device, thermostats or thermometers | | |
| <input type="checkbox"/> motor vehicle mercury switches | | |
| <input type="checkbox"/> polychlorinated biphenyl (PCB) ballasts | | |
| B27. Is universal waste stored in an area that can be locked when not in use? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B28. Is the universal waste storage area clearly marked with a sign that states "Universal Waste Storage?" | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B29. Is each universal waste container labeled with the date you first put waste in it and with the date the container becomes full? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B30. Are universal waste containers marked with the type of waste in the container? (i.e. "fluorescent lamps") | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit RTC Plan | |
| B31. Are universal waste containers closed, structurally sound and compatible with the waste stored in them? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|--|-----------------------------------|--------------------------|
| B32. Do you dispose of universal waste properly? (send to a universal waste management and recycling facility) | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit
RTC Plan | |
| B33. Do you train all employees on proper handling and emergency procedures for universal waste? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit
RTC Plan | |

Used Oil
(refer to pages 18-19 in the workbook)

- | | | |
|---|-----------------------------------|--------------------------|
| B34. Does the shop generate used oil? | <input type="checkbox"/> | <input type="checkbox"/> |
| B35. Does the shop burn used oil in a used oil-fired space heater? (if no, skip to C1) | <input type="checkbox"/> | <input type="checkbox"/> |
| B36. Does the shop accept used oil from household do-it-yourself used oil generators? | <input type="checkbox"/> | <input type="checkbox"/> |
| B37. Does the shop accept used oil from other businesses? (if no, skip to C1) | <input type="checkbox"/> | <input type="checkbox"/> |
| B38. Has your shop or the used oil generator had analytical tests done on the oil to ensure that the oil is not hazardous waste? (if no, skip to B40) | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit
RTC Plan | |
| B39. Do you keep records of the used oil delivery? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit
RTC Plan | |
| B40. Does the used oil-fired space heater have a maximum capacity of 0.5 million BTU? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit
RTC Plan | |
| B41. Does the shop ever add hazardous wastes such as waste gasoline, solvents or paint thinners to used oil? (if no, skip to C1) | <input type="checkbox"/> | <input type="checkbox"/> |
| B42. Do you dispose of contaminated used oil as hazardous waste? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, submit
RTC Plan | |

Section C: Air Quality

Dust Control

(refer to pages 20-21 in the workbook)

- | | YES | NO |
|--|--------------------------|--------------------------|
| C1. Does the shop exhaust air from sanding areas to the outside (i.e. vents) (if no, skip to C3) | <input type="checkbox"/> | <input type="checkbox"/> |
| C2. Is the exhaust vent filtered? | <input type="checkbox"/> | <input type="checkbox"/> |
| C3. Does any airborne dust from sanding leave the business premises? (i.e. open windows, open doors, unfiltered exhaust vents) | <input type="checkbox"/> | <input type="checkbox"/> |

Paint and Coating Emission Control

(refer to pages 20-24 in the workbook)

- | | | |
|---|--------------------------|-------------------------------|
| C4. Does the shop carry out all painting and coating processes in a spray booth? | <input type="checkbox"/> | <input type="checkbox"/> |
| C5. Does the spray booth utilize an exhaust fan that vents to the outside? (if no, skip to C7) | <input type="checkbox"/> | <input type="checkbox"/> |
| C6. Is the exhaust vent filtered? | <input type="checkbox"/> | <input type="checkbox"/> |
| C7. Does any painting or coating take place in areas outside the spray booth? (if no, skip to C10) | <input type="checkbox"/> | <input type="checkbox"/> |
| C8. Does that area have an exhaust fan that is vented to the outside? (if no, skip to C10) | <input type="checkbox"/> | <input type="checkbox"/> |
| C9. Is the exhaust vent filtered? | <input type="checkbox"/> | <input type="checkbox"/> |
| C10. Do any airborne emissions from painting or coating leave the business premises? (i.e. open doors, open windows, unfiltered exhaust vents) | <input type="checkbox"/> | <input type="checkbox"/> |
| C11. Are solvents, thinners, paints and coatings stored in closed containers when not in use? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | If no, submit RTC Plan |
| C12. Are all cloth and paper, or other absorbent applicators, moistened with paints, coatings, or solvents stored in closed, nonabsorbent, nonleaking containers? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | If no, submit RTC Plan |
| C13. Has the shop looked into purchasing low Volatile Organic Compound (VOC) paint and coatings? | <input type="checkbox"/> | <input type="checkbox"/> |
| C14. Does the shop use low VOC paint and coatings? | <input type="checkbox"/> | <input type="checkbox"/> |
| C15. Has the shop looked into purchasing low VOC solvents and thinners? | <input type="checkbox"/> | <input type="checkbox"/> |
| C16. Does the shop utilize low VOC solvents? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO | |
|--|--------------------------|--------------------------|-------------------------------|
| C17. Are all paints and coatings mixed in accordance with manufacturer recommendations? | <input type="checkbox"/> | <input type="checkbox"/> | If no, submit RTC Plan |
| C18. Does the shop utilize High Pressure Low Volume (HVLV) spray guns or other high-efficiency coating transfer technology? | <input type="checkbox"/> | <input type="checkbox"/> | If no, submit RTC Plan |
| C19. Does the shop utilize an enclosed spray gun cleaner? (if no, skip to C21). | <input type="checkbox"/> | <input type="checkbox"/> | |
| C20. Is the spray gun cleaner kept closed except for when parts are being added or removed? | <input type="checkbox"/> | <input type="checkbox"/> | If no, submit RTC Plan |
| C21. Does the shop have written standard operating procedures for handling and transfer of paints, coatings, and solvents to minimize spills? (if no, skip to C23) | <input type="checkbox"/> | <input type="checkbox"/> | If no, submit RTC Plan |
| C22. Are the standard operating procedures posted in a visible location? | <input type="checkbox"/> | <input type="checkbox"/> | If no, submit RTC Plan |
| C23. Does the shop train all employees that paint/coat in the proper use and handling of paints, coatings, solvents and cleaning solvents? (if no, skip to D1) | <input type="checkbox"/> | <input type="checkbox"/> | If no, submit RTC Plan |
| C24. Does the shop keep records of training sessions, which includes an outline of material covered, dates of training sessions, and names of attendees? | <input type="checkbox"/> | <input type="checkbox"/> | If no, submit RTC Plan |

Section D: Water Quality

Vehicle Washing (refer to pages 25-26 in the workbook)

- | | | YES | NO |
|-----|--|--------------------------------|--------------------------|
| D1. | Does the shop wash vehicles? (if no, skip to D10) | <input type="checkbox"/> | <input type="checkbox"/> |
| D2. | Does the shop wash vehicles inside the garage facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| D3. | Does the shop wash vehicles outside the garage facility? (if no, skip to D10) | <input type="checkbox"/> | <input type="checkbox"/> |
| D4. | Where does the wash water run off to? (check all that apply)
<input type="checkbox"/> ditch
<input type="checkbox"/> stream
<input type="checkbox"/> wetland
<input type="checkbox"/> vegetated buffer
<input type="checkbox"/> storm drain
<input type="checkbox"/> other _____ | | |
| D5. | Does the shop do any engine, transmission or undercarriage washing? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | If yes, submit RTC Plan | |
| D6. | Does the shop use acids, bases, metal brighteners, and/or degreasing agents? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | If yes, submit RTC Plan | |
| D7. | Is the washing done on asphalt or concrete? | <input type="checkbox"/> | <input type="checkbox"/> |
| D8. | Does the shop generate over 60 gallons of wash water a day? (if no, skip to D10) | <input type="checkbox"/> | <input type="checkbox"/> |
| D9. | Have you contacted the DEP with approximate daily wash water discharge amounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | If no, submit RTC Plan | |

Floor Drains (refer to pages 25-29 in the workbook)

- | | | | |
|------|---|--------------------------------|--------------------------|
| D10. | Does the shop generate high risk waste water? (if no, skip to D12) | <input type="checkbox"/> | <input type="checkbox"/> |
| D11. | Does the high risk waste water discharge to a septic tank or a pipe that goes to the top of the ground? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | If yes, submit RTC Plan | |
| D12. | Does the shop have any floor drains? (if no, you are done the Self-Certification Checklist) | <input type="checkbox"/> | <input type="checkbox"/> |
| D13. | Are any floor drains inactive ? (if no, skip to D15) | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | YES | NO |
|------|---|--------------------------|--------------------------|
| D14. | Have inactive floor drains been properly sealed/closed? | <input type="checkbox"/> | <input type="checkbox"/> |
| D15. | Does the shop have any active floor drains? (if no, skip to D17) | <input type="checkbox"/> | <input type="checkbox"/> |
| D16. | Where do they discharge to? | | |
| | <input type="checkbox"/> municipal sewer | | |
| | <input type="checkbox"/> septic system | | |
| | <input type="checkbox"/> holding tank | | |
| | <input type="checkbox"/> pipe to top of ground | | |
| | <input type="checkbox"/> other _____ | | |
| D17. | Does the shop conduct vehicle maintenance and repair in areas with unsealed floor drains? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature: _____ Date: _____

Please Return the Self-Certification Checklist and any RTC Plans to the DEP at:

**Maine Department of Environmental Protection
Office of Innovation and Assistance
Attn: Sara Lippert
17 State House Station
Augusta, ME 04333-0017**

Return-to-Compliance Plan

Please complete a separate Return-to-Compliance (RTC) Plan for **EACH** compliance question that requires one. Please note that you do not have to fill out a RTC Plan if you fix the problem immediately. Make additional copies of this blank form if needed. Please return RTC Plans and Self-Certification Checklist to the DEP by **April 28, 2006**.

Facility name: _____

Contact name, phone number and email: _____

What is the compliance question number on the Self-Certification form that you are reporting noncompliance?

Briefly describe the requirement that your shop is currently not fulfilling: _____

What corrective action will you take to return to compliance? _____

Provide the date that the facility is expected to be in compliance (must be within 30 days of self-certification date): ____/____/____

What is the compliance question number on the Self-Certification form that you are reporting noncompliance?

Briefly describe the requirement that your shop is currently not fulfilling: _____

What corrective action will you take to return to compliance? _____

Provide the date that the facility is expected to be in compliance (must be within 30 days of self-certification date): ____/____/____

What is the compliance question number on the Self-Certification form that you are reporting noncompliance?

Briefly describe the requirement that your shop is currently not fulfilling: _____

What corrective action will you take to return to compliance? _____

Provide the date that the facility is expected to be in compliance (must be within 30 days of self-certification date): ____/____/_____

What is the compliance question number on the Self-Certification form that you are reporting noncompliance?

Briefly describe the requirement that your shop is currently not fulfilling: _____

What corrective action will you take to return to compliance? _____

Provide the date that the facility is expected to be in compliance (must be within 30 days of self-certification date): ____/____/_____

What is the compliance question number on the Self-Certification form that you are reporting noncompliance?

Briefly describe the requirement that your shop is currently not fulfilling: _____

What corrective action will you take to return to compliance? _____

Provide the date that the facility is expected to be in compliance (must be within 30 days of self-certification date): ____/____/_____

2006 Facility Non-Participation Form

The Maine Auto Body Environmental Results Program (ERP) is a voluntary program that benefits auto body shops that operate in Maine. Your shop is eligible to participate in the program if it meets any of the following eligibility requirements:

- Your shop has operations involving collision repair, vehicle painting, paint stripping or sanding, body work, antique restoration, and/or student training.
- Your shop has painting operations, as a part of a new or used car dealership or general auto repair shop.

If your facility does not meet the above description of an auto body or collision repair shop, or if you choose not to participate in the program, please complete, sign and return the form below to the DEP by **April 28, 2006**.

Facility Information:

Facility name: _____

Facility street address: _____

City/zip code: _____

Contact Person: _____

Owner: _____

Business Phone Number: _____

Business Fax Number: _____

Business Email: _____

Federal Employer ID Number: _____

Reason for not participating:

Check the box that applies to you:

This facility is not participating in the Auto Body ERP because no auto refinishing operations (listed above) occur at this address.

This shop conducts auto refinishing operations, but is choosing not to participate in the Auto Body ERP.

Signature:

I understand by signing this form that the shop is not relieved of the responsibility of complying with all environmental requirements.

Signature: _____ Date: _____

When complete, remove this form from the booklet, fold in thirds, secure with tape, and mail by **April 28, 2006**.

Maine Department of Environmental Protection
Office of Innovation and Assistance
Attn: Sara Lippert
17 State House Station
Augusta, ME 04333-0017
