

US EPA ARCHIVE DOCUMENT

Appendix H

Enforcement Forms:

- Inspection Checklists,
- Pollution Reduction Compliance Report,
- Field Notes,
- Site Complaint Form,
- Incident (Complaint) Report Form, and
- Hazardous Waste Laboratory Organic Analysis Report Form



STATE OF MARYLAND
 DEPARTMENT OF THE ENVIRONMENT
 HAZARDOUS AND SOLID WASTE MANAGEMENT ADMINISTRATION
 ENFORCEMENT PROGRAM
 2500 BROENING HIGHWAY
 BALTIMORE, MARYLAND 21224
 (301) 631-3400

FI _____ Inspector: _____ Date: _____

GENERATOR CHECKLIST

Facility Name: _____

Address: _____

Facility Representative: _____ Telephone No.: _____

Description of Work Activity: _____

EPA Identification Number? _____

Section A - Hazardous Waste Determination

1. Does facility generate hazardous waste(s) as defined in COMAR 26.13.02.10 - .19?..... Yes No
 If yes, under which category is the waste?

Ignitable Corrosive Reactive EP Toxic RCRA Listed

2. Describe the amount of waste generated (day, week or month).

Section B - Manifest (26.13.03.04)

1. Does generator ship waste off-site?..... Yes No
 (If no, do not complete sections B and C)
2. Does generator use manifest?..... Yes No
 If no, explain: _____
3. Does generator retain copies of manifests?..... Yes No N/A
 If yes, does the manifest include the following information?
 (26.13.03.04C)
 - Manifest document number?..... Yes No N/A
 - Generator's name, mailing address and telephone number?..... Yes No N/A
 - Generator's EPA I.D. number?..... Yes No N/A
 - Transporter name(s) and EPA I.D. number(s)?..... Yes No N/A
 - Designated TSD name, address, and EPA I.D. number?..... Yes No N/A
 - Alternate TSD name, address, and EPA I.D. number?..... Yes No N/A
 - Instructions to return waste to generator if undeliverable?..... Yes No N/A
 - Description of the waste required by DOT regulations?..... Yes No N/A

US EPA ARCHIVE DOCUMENT

with

- Quantity of each hazardous waste by units of weight or volume?.... Yes No N/A
- Total number and types of containers given to transporter?..... Yes No N/A
- Is the proper certification noted on each manifest?..... Yes No N/A
- Has the generator signed and dated manifests (26.13.03.04E)?..... Yes No N/A
- 5. Did the generator obtain initial transporter's signature and date of acceptance?..... Yes No N/A
- 5. Do returned copies of manifest include facility owner/operator signature and date of acceptance?..... Yes No N/A
- 7. Have manifests been retained for three years?..... Yes No N/A

Section C - Pre-Transport Requirements (26.13.03.05) N/A

- 1. Does generator package wastes in accordance with DOT requirements?.... Yes No
- 2. Are containers in good condition?..... Yes No
If no, explain: _____
- 3. Is the date that accumulation time began clearly marked and visible for inspection on each container?..... Yes No
- 4. Is period of accumulation less than 90 days?..... Yes No
-If no, is amount accumulated less than 500 kg or less than 1 kg of acute hazardous waste?..... Yes No N/A
-If no, explain: _____
- 5. Is "SATELLITE ACCUMULATION" no more than 55 gallons of hazardous waste or 1 quart of acutely hazardous waste?..... Yes No N/A
- 6. Are containers in good condition, closed, and clearly marked "HAZARDOUS WASTE"?..... Yes No N/A

Section D - Recordkeeping and Reporting (26.13.03.06)

- 1. Does the generator keep the following reports for three years?
-Manifests and signed copies from designated facilities?..... Yes No
-Annual Reports?..... Yes No
-Exception Reports?..... Yes No N/A
-Waste Analyses?..... Yes No N/A

Section E - Special Conditions (26.13.03.07)

- 1. Has the generator received from or transported to a foreign country any hazardous waste(s)?..... Yes No
-If yes, has a notice been filed with MDE and EPA?..... Yes No N/A
-Is this waste manifested and signed by a foreign consignee?..... Yes No N/A
-If generator transported wastes out of the country, has confirmation of delivery been received?..... Yes No N/A

Section F - General Requirements (26.13.03.05E)

Personnel Training (26.13.05.02G)

- 1. Does the owner/operator maintain personnel training records?..... Yes No
If yes, do they include:
-Job title and written job description of each position?..... Yes No
-Description of type and amount of training?..... Yes No
-Records of training given to facility personnel?..... Yes No

Preparedness and Prevention (26.13.05.03)

- 1. Is there evidence of fire, explosion, or contamination of the environment?..... Yes No

- 2. Is the facility equipped with:
 - a. Internal communication or alarm system?..... Yes No
 - b. Telephone or two-way radio to call emergency response personnel?..... Yes No
 - c. Portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment?..... Yes No
 - d. Water of adequate volume for hoses, sprinklers, or water spray system?..... Yes No
- 3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment in an emergency?..... Yes No
- 4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility?..... Yes No
- 5. In the case that more than one police or fire department might respond, is there a designated primary authority?..... Yes No
- 6. If State or local authorities decline to enter into these arrangements,, has this been documented in the operating log?..... Yes No N/A

Contingency Plan and Emergency Procedures (26.13.05.04)

- 1. Is a contingency plan maintained at the facility?..... Yes No
 If yes, does contingency plan include:
 - Arrangements with local emergency response organizations?..... Yes No
 - Emergency coordinators' names, phone numbers, and addresses?..... Yes No
 - List of all emergency equipment at the facility and description of equipment?..... Yes No
 - Evacuation plan for facility personnel?..... Yes No
- 2. Is there an emergency coordinator on site or on call at all times?.... Yes No
- 3. Has a copy of the Contingency plan been submitted to local or State agencies that may be asked to provide emergency services?..... Yes No
- 4. Has the plan ever been implemented?..... Yes No
 - If so, was the plan appropriate?..... Yes No N/A
 - If the plan was not appropriate, has it been amended?..... Yes No N/A
 - If the plan was implemented, was the incident recorded in the operating log and was a written report submitted to MDE?..... Yes No N/A

Use and Management of Containers (26.13.05.09)

- 1. Are containers in good condition?..... Yes No
- 2. Is container made of a material that will not react with the waste which it stores?..... Yes No N/A
- 3. Are containers always closed when holding hazardous waste?..... Yes No
- 4. Are containers handled so that they will not be opened, handled, or stored in a manner which may rupture them or cause them to leak?... Yes No
- 5. Does owner/operator inspect containers at least weekly for leaks and deterioration?..... Yes No
- 6. Do container storage areas have adequate containment systems?..... Yes No
- 7. Are containers holding ignitable and reactive waste located at least 15m (50 ft) from facility property lines?..... Yes No N/A
- 8. Are incompatible wastes or materials placed in the same containers?... Yes No N/A
- 9. Are hazardous wastes placed in washed, clean containers when they previously held incompatible waste?..... Yes No N/A
- 10. Are incompatible hazardous wastes separated from each other by a berm, dike, wall, or other device?..... Yes No N/A

US EPA ARCHIVE DOCUMENT

Annual Reports (26.13.03.06B)

- Does the facility submit annual reports to MDE?..... Yes No
- If yes, do reports contain the following information?
 - a) Name, address and EPA I.D. number of facility?..... Yes No
 - b) Date and year covered by report?..... Yes No
 - c) Description/quantity of hazardous waste?..... Yes No
 - d) Description of efforts to reduce volume/toxicity of waste generated, and actual comparisons with previous year?..... Yes No
 - e) Certification signed by owner/operator?..... Yes No

Section G - Other Checklists Completed: N/A

- Tanks
- Transporter
- Land Disposal Restrictions
- TSD Facility
- Surface Impoundment
- Waste Pile
- Land Treatment
- Landfill
- Incinerator
- Thermal Treatment
- Groundwater Monitoring

Section H - Additional Comments





STATE OF MARYLAND
 DEPARTMENT OF THE ENVIRONMENT
 HAZARDOUS AND SOLID WASTE MANAGEMENT ADMINISTRATION
 ENFORCEMENT PROGRAM
 2500 BROENING HIGHWAY
 BALTIMORE, MARYLAND 21224
 (301) 631-3400

FI _____ Inspector: _____ Date: _____

TSD FACILITY CHECKLIST

Facility Name: _____

Address: _____

Facility Representative: _____ Telephone No.: _____

Description of Work Activity: _____

EPA Identification Number? _____

Section A - Hazardous Waste Determination

1. Does facility generate hazardous waste(s) as defined in COMAR 26.13.02.10 - .19?..... Yes ___ No ___
 If yes, under which category is the waste?

___ Ignitable ___ Corrosive ___ Reactive ___ EP Toxic ___ RCRA Listed

2. Describe the amount of waste generated (day, week or month).

Section B - Manifest (26.13.03.04)

1. Does generator ship waste off-site?..... Yes ___ No ___
 (If no, do not complete sections B and C)
2. Does generator use manifest?..... Yes ___ No ___
 If no, explain: _____
3. Does generator retain copies of manifests?..... Yes ___ No ___ N/A ___
 If yes, does the manifest include the following information?
 (26.13.03.04C)
 - Manifest document number?..... Yes ___ No ___ N/A ___
 - Generator's name, mailing address and telephone number?..... Yes ___ No ___ N/A ___
 - Generator's EPA I.D. number?..... Yes ___ No ___ N/A ___
 - Transporter name(s) and EPA I.D. number(s)?..... Yes ___ No ___ N/A ___
 - Designated TSD name, address, and EPA I.D. number?..... Yes ___ No ___ N/A ___
 - Alternate TSD name, address, and EPA I.D. number?..... Yes ___ No ___ N/A ___
 - Instructions to return waste to generator if undeliverable?..... Yes ___ No ___ N/A ___
 - Description of the waste required by DOT regulations?..... Yes ___ No ___ N/A ___

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- Quantity of each hazardous waste by units of weight or volume?.... Yes No N/A
- Total number and types of containers given to transporter?..... Yes No N/A
- Is the proper certification noted on each manifest?..... Yes No N/A
- 4. Has the generator signed and dated manifests (26.13.03.04E)?..... Yes No N/A
- 5. Did the generator obtain initial transporter's signature and date of acceptance?..... Yes No N/A
- 6. Do returned copies of manifest include facility owner/operator signature and date of acceptance?..... Yes No N/A
- 7. Have manifests been retained for three years?..... Yes No N/A

Section C - Pre-Transport Requirements (26.13.03.05) N/A

- 1. Does generator package wastes in accordance with DOT requirements?.... Yes No
- 2. Are containers in good condition?..... Yes No
If no, explain: _____
- 3. Is the date that accumulation time began clearly marked and visible for inspection on each container?..... Yes No
- 4. Is period of accumulation less than 90 days?..... Yes No
-If no, is amount accumulated less than 500 kg or less than 1 kg of acute hazardous waste?..... Yes No N/A
-If no, explain: _____
- 5. Is "SATELLITE ACCUMULATION" no more than 55 gallons of hazardous waste or 1 quart of acutely hazardous waste?..... Yes No N/A
- 6. Are containers in good condition, closed, and clearly marked "HAZARDOUS WASTE"?..... Yes No N/A

Section D - General Facility Standards (26.13.05.02)

- 1. Has facility received hazardous waste from a foreign source?..... Yes No
If yes, has it filed a notice with the Regional Administrator?..... Yes No N/A

Waste Analysis Plan (26.13.05.02D)

- 2. Does the facility maintain a copy of the waste analysis plan at the facility?..... Yes No
If yes, does it include:
 - Parameters for which waste will be analyzed?..... Yes No N/A
 - Test methods used to test for these parameters?..... Yes No N/A
 - Sampling method used to obtain sample?..... Yes No N/A
 - Frequency with which the initial analyzes will be reviewed or repeated?..... Yes No N/A
 - (For off-site facilities) Waste analyses that generators have agreed to supply?..... Yes No N/A
 - (For off-site facilities) Procedures for ensuring that hazardous waste received matches the accompanying manifest or shipping paper?..... Yes No N/A
- 3. Does the facility provide adequate security through: (26.13.05.02E)
 - a) 24-hour surveillance system (e.g., television monitoring or guards?..... Yes No
 - OR
 - b) 1. Artificial or natural barrier around the facility (e.g., fence or fence and cliff)?..... Yes No

AND



- 2. Means to control entry through entrances (e.g., attendant, television monitors, locked entrance, controlled roadway access)?..... Yes No
- 4. Does the facility have "KEEP OUT" signs posted?..... Yes No

General Inspection Requirements (26.13.05.02F)

- 5. Does the owner/operator maintain a written schedule at the facility for inspecting:
 - Monitoring equipment?..... Yes No
 - Safety and emergency equipment?..... Yes No
 - Security devices?..... Yes No
 - Operating and structural equipment?..... Yes No
 - Types of problems of equipment (operator error, malfunction, discharge...)?..... Yes No
- 6. Does the owner/operator maintain inspection logs?..... Yes No

If yes, do they include:

 - Records for the last three years?..... Yes No
 - Date and time of inspection?..... Yes No
 - Name of inspector?..... Yes No
 - Notation of observations?..... Yes No
 - Date and nature of repairs or remedial action?..... Yes No
- 7. Are there any malfunctions or other deficiencies not corrected?..... Yes No N/A

Personnel Training (26.13.05.02G)

- Does the owner/operator maintain personnel training records?..... Yes No
- If yes, do they include:
 - Job title and written job description of each position?..... Yes No
 - Description of type and amount of training?..... Yes No
 - Records of training given to facility personnel?..... Yes No

Requirements for Ignitable, Reactive, or Incompatible Waste (26.13.05.02H)

- 9. Does the facility handle ignitable or reactive waste?..... Yes No
 - a) If yes, is waste separated and confined from sources of ignition or reaction?..... Yes No N/A
 - b) Are smoking and open flame confined to specifically designated locations?..... Yes No N/A
 - c) Are "No Smoking" signs posted in hazardous areas?..... Yes No N/A
 - d) Have precautions for handling ignitable, reactive or incompatible wastes been documented?..... Yes No N/A

Section E - Preparedness and Prevention (26.13.05.03)

- 1. Is there evidence of fire, explosion, or contamination of the environment?..... Yes No
- 2. Is the facility equipped with:
 - a) Internal communication or alarm system?..... Yes No
 - b) Telephone or two-way radio to call emergency response personnel?..... Yes No
 - c) Portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment?..... Yes No

US EPA ARCHIVE DOCUMENT

- d) Water of adequate volume for hoses, sprinklers, or water spray system?.....___Yes___No
- 3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment in an emergency?.....___Yes___No
- 4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility?.....___Yes___No
- 5. In the case that more than one police or fire department might respond, is there a designated primary authority?.....___Yes___No
- 6. If State or local authorities decline to enter into these arrangements,, has this been documented in the operating log?.....___Yes___No___N/A

Section F - Contingency Plan and Emergency Procedures (26.13.05.04)

- 1. Is a contingency plan maintained at the facility?.....___Yes___No
 If yes, does contingency plan include:
 - Arrangements with local emergency response organizations?.....___Yes___No
 - Emergency coordinators' names, phone numbers, and addresses?.....___Yes___No
 - List of all emergency equipment at the facility and description of equipment?.....___Yes___No
 - Evacuation plan for facility personnel?.....___Yes___No
- 2. Is there an emergency coordinator on site or on call at all times?....___Yes___No
- 3. Has a copy of the Contingency plan been submitted to local or State agencies that may be asked to provide emergency services?.....___Yes___No
- 4. Has the plan ever been implemented?.....___Yes___No
 -If so, was the plan appropriate?.....___Yes___No___N/A
 If the plan was not appropriate, has it been amended?.....___Yes___No___N/A
 -If the plan was implemented, was the incident recorded in the operating log and was a written report submitted to MDE?.....___Yes___No___N/A
- 5. If the Facility Permit has been revised, has the Contingency Plan been revised also?.....___Yes___No___N/A

Section G - Manifest System, Recordkeeping, and Reporting (26.13.05.05)

- 1. Does facility receive waste from off-site?.....___Yes___No
 -If yes, does the owner/operator retain copies of all manifests?.....___Yes___No
 - a) Are the manifests signed and dated and returned to the generator?.....___Yes___No
 - b) Is a signed copy given to the transporter?.....___Yes___No
 - c) Are manifests retained for at least three years?.....___Yes___No
- 2. Has the owner/operator received any shipments of waste that were inconsistent with the manifest (manifest discrepancies)?.....___Yes___No
 -If yes, has he attempted to reconcile the discrepancy with the generator and transporter?.....___Yes___No___N/A
 -If the discrepancy wasn't reconciled, was MDE notified?.....___Yes___No___N/A
- 3. Does the owner/operator keep a written operating record at the facility? (26.13.05.05D).....___Yes___No
 - a) If yes, does it include:
 - 1. Description and quantity of each hazardous waste received?.....___Yes___No
 - 2. Methods and dates of treatment, storage, and disposal?.....___Yes___No

- 3. Location and quantity of each hazardous waste at each location?..... Yes No
- 4. Cross-references to manifest/shipping papers?..... Yes No
- 5. Records and results of waste analyses?..... Yes No
- 6. Report of incidents involving implementation of the contingency plan?..... Yes No N/A
- 7. Records and results of required inspections?..... Yes No
- 8. Monitoring or testing analytical data?..... Yes No
- 9. Closure cost estimates and, for disposal facilities, post closure cost estimates?..... Yes No
- 10. (For facilities without off-site sources) Annual certification that permittee has program to reduce volume and toxicity of hazardous waste generated?..... Yes No N/A
- 4. Does the facility submit annual reports to MDE? (26.13.05.05F)..... Yes No
 - a) If yes, do reports contain the following information?
 - 1. Name, address and EPA I.D. number of facility?..... Yes No
 - 2. Date and year covered by report?..... Yes No
 - 3. Description/quantity of hazardous waste?..... Yes No
 - 4. Treatment, storage, and disposal methods?..... Yes No
 - 5. (For facilities with off-site sources) EPA I.D. number of each generator from which facility received hazardous wastes?..... Yes No N/A
 - 6. Most recent closure and post-closure cost estimates?..... Yes No
 - 7. For TSD generators, description of efforts to reduce volume/toxicity of waste generated, and actual comparisons with previous year?..... Yes No
 - 8. Certification signed by owner/operator?..... Yes No
- 5. Has the facility received any hazardous waste from an off-site source without a manifest? (26.13.05.05G)..... Yes No
 - If yes, was this waste exempt under the small quantity generator provision of 26.13.02.05?..... Yes No N/A
 - If not exempt, was a written report submitted to MDE?..... Yes No N/A
- 6. Does the facility report releases, fires, explosions; groundwater contamination and monitoring data; and facility closure to MDE? (26.13.05.05H)?..... Yes No N/A

Section H - Use and Management of Containers (26.13.05.09)

- 1. Are containers in good condition?..... Yes No
- 2. Is container made of a material that will not react with the waste which it stores?..... Yes No N/A
- 3. Are containers always closed when holding hazardous waste?..... Yes No
- 4. Are containers handled so that they will not be opened, handled, or stored in a manner which may rupture them or cause them to leak?... Yes No
- 5. Does owner/operator inspect containers at least weekly for leaks and deterioration?..... Yes No
- 6. Do container storage areas have adequate containment systems?..... Yes No
- 7. Are containers holding ignitable and reactive waste located at least 15m (50 ft) from facility property lines?..... Yes No N/A
- 8. Are incompatible wastes or materials placed in the same containers?... Yes No N/A



9. Are hazardous wastes placed in washed, clean containers when they previously held incompatible waste?..... Yes No N/A

10. Are incompatible hazardous wastes separated from each other by a berm, dike, wall, or other device?..... Yes No N/A

Section I - Other Checklists Completed: N/A

- Tanks
- Transporter
- Land Disposal Restrictions
- Surface Impoundment
- Waste Pile
- Land Treatment
- Landfill
- Incinerator
- Thermal Treatment
- Groundwater Monitoring

Section J - Additional Comments

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POLLUTION REDUCTION COMPLIANCE REPORT

Generator:

Date:

Address:

EPA ID No.

County:

MDE Inspector: **P.K. Kadakia, P.E.**

Contact Person:

Telephone:

Please describe briefly the CHS generating operation:

The waste generated is:

- (a) Recovered or recycled on-site _____ off-site _____
- (b) Treated on-site _____ off-site _____ (c) Disposed of _____

Please explain briefly any recovery or treatment possibilities which were considered to further reduce the volume of or the hazard that the CHS poses to the environment according to the Environment Title 7-205 of the Annotated Code of Maryland. Please indicate any efforts made in this regard.

EVALUATION BY MDE'S POLLUTION PREVENTION STAFF

Did the generator demonstrate to your satisfaction that recovery possibilities have been considered and that CHS volume and toxicity cannot be reasonably reduced further:

Yes _____ No _____

Recommended action: _____

Staff Signature

Date

Supervisor

Date



STATE OF MARYLAND
 DEPARTMENT OF THE ENVIRONMENT
 HAZARDOUS AND SOLID WASTE MANAGEMENT ADMINISTRATION
 ENFORCEMENT PROGRAM
 2500 BROENING HIGHWAY
 BALTIMORE, MARYLAND 21224
 (410) 631-3386

SITE COMPLAINT

NUMBER	DATE
SC-O-	

Name of violator:

Address:

County: Phone:

Violation Type (with reference to the **Annotated Code of Maryland**)

- Water Pollution Control and Abatement (Environment Article, Sections 9-301 through 9-344)
- Oil Control (Environment Article, Sections 4-401 through 4-418)
- Controlled Hazardous Substances (Environment Article, Sections 7-201 through 7-268)
- Landfills and Sludge Disposal (Environment Article, Section 9-204)
- Other

Specifically:

.....

.....

.....

.....

You are hereby advised the following corrective actions are necessary. Compliance with the corrective actions contained herein does not preclude the Department from imposing further requirements. In addition, the Department reserves the right to impose sanctions or penalties for the underlying violation(s).

.....

.....

The above described violation(s) may result in the Department seeking legal sanctions against you, including the imposition of civil and/or criminal penalties. Continuation of the violation(s) or failure to take the corrective actions described above may result in additional sanctions or penalties.

"I hereby acknowledge receipt of this Site Complaint by my signature, which is not an admission of guilt".

Person issued to:..... Title:.....

Authorized by: **Jane T. Nishida**
 Secretary
 Department of the Environment

Issued by: Inspector

Phone:

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**WASTE MANAGEMENT ADMINISTRATION
HAZARDOUS WASTE PROGRAM
COMPLAINT REPORT FORM**

RECEIVED BY: _____

A. INCIDENT _____
NUMBER YR MO DAY SEQ #

B. TIME NOTIFIED - 24 HR CLOCK

C. NOTIFIER:

Name _____ Telephone () _____
Address _____ County _____

D. LOCATION OF INCIDENT:

Street _____
City _____
County _____
Book Map Coordinates _____

E. RESPONSIBLE PARTY:

Name _____
Address _____
Telephone () _____

F. MEDIUM AFFECTED:

___ Surface water ___ Air ___ Soil/Paved ___ Groundwater ___ Indoor ___ See Part 2

G. NATURE OF INCIDENT:

___ Chemical _____	___ Open Dumping	___ Transfer Operation
___ CHS _____	___ Well Contamination	___ Aquatic Kill
___ Landfill	___ Sedimentation	___ Sludge/Sewage
___ Point Source Discharge	___ Surface H2O Quality	___ Gas Cylinder
___ Storage Tank	___ Oil	___ Other _____

H. CAUSE:

___ Industrial	___ Mechanical Failure	___ Unknown
___ Marine	___ Operator Error	___ Other _____
___ Transportation	___ Apparent Vandalism	

I. SPILL: (Estimated Quantity)

___ Potential () ___ Spilled () ___ Recovered () N/A ___

J. CLEAN UP:

___ State _____
___ Local _____
___ Industry _____
___ Contractor _____

K. CASE STATUS:

___ File Created / Open
___ Referred to: _____
___ Unfounded Complaint
___ Closed Reviewed by: _____

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehse Joseph, Ph.D., Director

LAB. NO. _____

HAZARDOUS WASTE LABORATORY
 Organic Analysis Report Form

Priority _____

Collector _____ Name/Time/Date _____ Sample Source _____

Sample ID No. _____ Preservative Used _____

Sample Alert _____

Specify Program:

TSCA: _____ RCRA: _____ NPDES: _____ UST: _____ CERCLA: _____ OTHER: _____

Circle Parameters Requested:	Priority Pollutants: (specify)	Base Neutrals Acid Extractables PCBs Pesticides
TCLP: PCBs Pesticides (Specify)		

Type of Sample (circle): Soil Water Oil Wipe Other

Chain of Custody Information

From: _____ Name/Time/Date _____ To: _____ Name/Time/Date _____

From: _____ Name/Time/Date _____ To: _____ Name/Time/Date _____

From: _____ Name/Time/Date _____ To: _____ Name/Time/Date _____

C/MS analysis indicates the presence of the following:

GC Analysis indicates the presence of the following PCB/Pesticides:

Section Chief: _____ Analyst _____ Date Reported _____

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

LAB. NO. _____

HAZARDOUS WASTE LABORATORY
Organic Analysis Report Form

Priority _____

Collector _____ Name/Time/Date _____ Sample Source _____

Sample ID No. _____ Preservative Used _____

Sample Alert _____

Specify Program:

TSCA: _____ RCRA: _____ NPDES: _____ UST: _____ CERCLA: _____ OTHER: _____

Circle Parameters Requested: TCLP: _____ PCBs _____ Pesticides (Specify) _____ Priority Pollutants: (specify) _____ Base Neutrals _____ Acid Extractables _____ PCBs _____ Pesticides _____

Type of Sample (circle): Soil _____ Water _____ Oil _____ Wipe _____ Other _____

Chain of Custody Information

From: _____ Name/Time/Date _____ To: _____ Name/Time/Date _____

From: _____ Name/Time/Date _____ To: _____ Name/Time/Date _____

From: _____ Name/Time/Date _____ To: _____ Name/Time/Date _____

GC/MS analysis indicates the presence of the following:

GC Analysis indicates the presence of the following PCB/Pesticides:

Section Chief: _____ Analyst _____ Date Reported _____

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