Solid Waste Composting Facility Inspection Checklist

Facility Name: ID #: Date: County:

Facility Address: Facility Phone #:

Operator Name: Operator Phone #:

Corporate Address: Corp. Phone # (If Diff.):

Health District: Inspector(s):

Is this facility being operated **in compliance** with the following regulations (YES or NO)? Place an X in the appropriate column to denote compliance status. Placing an X in the NO column indicates that a violation has been noted. Write N/A on the lines that are not applicable to this facility. This checklist is not all inclusive of regulations applicable to compost facility operations.

This is a: " **Comprehensive Inspection** " **Partial Inspection** " **Comments on Back**

Facility Class: " **Class I** " **Class II** " **Class II** " **Class IV**

YES	*NO*	
		3745-27-05 Prohibited Disposal Methods
____	____	(B) Open Burning
____	____	(C) Open Dumping
		3745-27-45 Composting Facility Operations
____	____	(A)(2) Registration requirements
____	____	(3) Applicable documents
		(4) Shall not accept:
____	____	(a) Unauthorized feedstock
____	____	(b) Hazardous waste
____	____	(c) Infectious waste
____	____	(d) Asbestos
____	____	(e) Batteries
____	____	(f) Wastes that include heat stabile toxins
____	____	(g) Bulk liquids
____	____	(h) Other prohibited materials
____	____	(5) Manage non-biodegradable containers
____	____	(6) Contingency plan
____	____	(B) Facility preparations
____	____	(C)(1)(a) Control of noise, dust, & odors
____	____	(b) Control of insects, birds & other vectors
____	____	(c) Fire prevention
____	____	(d) Collect scattered litter
____	____	(e) No water pollution
		(2) If prohibited material detected:
____	____	(a) Removal from placement area
____	____	(b) Note incident in daily log
____	____	(c) Refuse acceptance of material
____	____	(d) Manage properly
____	____	(3) Exclude live domestic & farm animals
____	____	(4) Maintain access roads
____	____	(5) Limit access
____	____	(6) Adequate fire equipment
____	____	(7) Adequate operable equipment
____	____	(8) Post signs
____	____	(9) Shred biodegradable containers
____	____	(10) Ability to process tree stumps annually

YES	*NO*	
		(E) Methods of composting
		(1) Class I, II, or III:
____	____	(a) Windrow
____	____	(b) In-vessel
____	____	(c) Aerated static pile
____	____	(d) Combination
____	____	(e) Other methods approved by the Director
____	____	(3) Class IV
____	____	(F) Pathogen reduction
____	____	(G)(2) Divert surface water from material placement area
		(H)(3) Leachate management
____	____	(b) Minimize production of leachate
____	____	(c) Maintain collection system
		(4)Class I, II, and III:
____	____	(a) Construct windrows parallel to slope
____	____	(b) Collect leachate within facility
____	____	(5) Class I, type J: floor & grab sample
____	____	(I)(3) Remedies for cross-contamination
____	____	(J) Retain daily logs & test results 3 years
____	____	(K)(1) Minimum inspections
____	____	(a) 1/day when feedstocks, etc. are rec'd
____	____	(b) 1/wk when feedstocks, etc. not rec'd
____	____	(2) Daily inspection of facility
____	____	(3) Keep daily logs
		(4) Track cross contamination:
____	____	(a) Label pile, windrow, or in-vessel
____	____	(b) Designation in daily log
____	____	(c) Alternative tracking system
		(L) Type D feedstocks:
____	____	(2) Shred paper
____	____	(3) Incorporate paper in a timely manner
____	____	(4) Biofilter stockpile
____	____	(5) Control free liquid
____	____	(N) Adjacent facilities prevent cross contamination

Print Name of Inspector Completing Form | *Inspector's Signature* | *Date*