

# Solid Waste Transfer Facility Inspection Checklist

Facility Name		
Address		
Date	Time	Weather
Inspection Representatives		
Facility		
Health District		
Ohio EPA		
Other		

Inspection Type	Reason for Inspection	
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Required	<input type="checkbox"/> Other
<input type="checkbox"/> Focused	<input type="checkbox"/> Re-Inspection	

Is the above site being operated in compliance with the following regulations? Please mark the box in the appropriate column to denote compliance status. Marking the box in the NO column indicates that a violation has been noted. Please mark the N/A box if not applicable to this location. This checklist is not all inclusive of regulations applicable to transfer facilities.

Y	N	N/A		Y	N	N/A	
			<b>3745-37-01 License</b>				(3) Wastes containing liquids
			(A) Valid license				(4) Low-level radioactive waste
			<b>3745-27-23 Operation</b>				(5) Untreated infectious waste
			(A) Operated in compliance with approved plans and/or any terms or conditions				(P) Shall not accept for transfer to a disposal facility:
			(E) Maintain access roads				(1) Lead-acid batteries
			(F) Limit access				(2) Whole or shredded scrap tires
			(G) Post instructions at entrance and handling areas				(3) Yard waste
			(H) Prevent activities from interfering with operations or scavenging				(4) Waste oil
			(I) Confine waste handling areas				(Q) Surface water, ground water, air monitoring (if required)
			(J) Control scattered litter				(R) Contingency plans for:
			(K) Control noise, dust, and odors				(1) Discovery of unauthorized waste
			(L) Control vectors				(2) Fire, explosion, and spills
			(M) Adequate operable equipment				(3) Equipment failure
			(N) Timely processing/storage of solid waste; enclosed storage				(4) Transfer facility unavailable
			(O) Shall not accept the following:				(S) Maintain leachate collection system
			(1) Hazardous waste				(T) Adequate fire control
			(2) NESHAP-regulated asbestos				(U) Maintain daily logs
							(V) Manage and dispose of leachate
							(W) Copy of approved plans

Facility/Location Name	Date
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3745-27-23 Operation			
Y	N	N/A	
			(X) Operations conducted on proper surfaces
			(DD) Yard waste restriction program

*Comments:*

Print Name of Inspector Completing Form	Signature	Date
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