



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
HOST SITE SELF-AUDIT



NOTE ▶ PLEASE EITHER PRINT OR TYPE

FACILITY INFORMATION

1. FACILITY NAME The Surplus Exchange		ADDRESS 518 Santa Fe	
CITY Kansas City	STATE MO	ZIP CODE 64115	TELEPHONE NUMBER (816) 472-0044
2. OWNER (OTHER) NAME Robert Akers		TITLE Deputy Director	
TELEPHONE NUMBER (816) 472-0444	CELL PHONE NUMBER (816) 885-1516	FAX NUMBER (816) 472-8105	
WEB SITE ADDRESS www.SurplusExchange.org		E-MAIL ADDRESS bobakers@SurplusExchange.org	

3. PERSON FILLING OUT THIS FORM:
Robert Akers

SECTION A: GENERAL COMPANY INFORMATION

4. NEAREST CITY OR TOWN Kansas City, Missouri	COUNTY Jackson	
5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) The Surplus Exchange is a 501(c)3 in it's 28 year of operation.		
6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 11	NUMBER OF VOLUNTEERS 3-5	YEARS IN E-SCRAP BUSINESS 15

7. SERVICES THIS FACILITY PROVIDES (CHECK ALL THAT APPLY)

Broker
 Collector
 Charity/Service
 Demanufacturer
 Government
 Refurbisher/Reseller
 Transporter
 Other _____

Attach a detailed explanation of each.

8. LIST E-CYCLING EQUIPMENT USED.

We do not use any automated destruction equipment on site. The only equipment used are fork truck, powered and manual pallet jacks and a high lift.

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.

The Surplus Exchange collects eWaste from commercial sites, through drop off and at community collection events. The material is scanned into our database, serial numbers and weights are recorded along with the client name. After material is in the database it is inspected for potential in the reuse program. material passing the test will be scanned into the reuse stream. Equipment failing will be scanned into the recycle stream. Material sent to reuse is tested. We, as per the BAN Standard, will not sell any nonworking, or untested equipment. Additional eWaste created during refurb/rebuild is entered back into the recycling stream. Outbound recycling equipment is scanned to a pallet of like items. The information is stored under the pallet number. When the material leaves it is scanned out by number and weight is recorded. We then track the materail through the downstream until it reaches the Smelting operation at Dowa Enviro System

PLEASE RETURN THIS ORIGINAL TO Missouri Department of Natural Resources – Hazardous Waste Program P.O. Box 176 Jefferson City, Missouri 65102-0176 (573) 751-3176	OFFICE USE ONLY DATE RECEIVED FEB 02 2012
---	--

10. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMANUFACTURING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF "NO," OR IF ONLY A PORTION ARE DEMANUFACTURED, WHAT DO YOU DO WITH THE EQUIPMENT AND COMPONENTS? <input checked="" type="checkbox"/> RESELL <u>100</u> % <input type="checkbox"/> EXPORT _____ %	
11. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF "YES," WHAT ITEMS ARE SHREDDED?	
12. WHAT OTHER SERVICES DOES THIS FACILITY PROVIDE? (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/> HARD DRIVE ERASURE/DESTRUCTION (SECURE DATA DESTRUCTION)		<input checked="" type="checkbox"/> PALLETIZING AND PICKUP	
<input checked="" type="checkbox"/> PRODUCT TRACKING THROUGH FINAL DISPOSITION		<input checked="" type="checkbox"/> OTHER <u>issue certificates of destruction and hard drive cleaning</u>	
13. TYPES OF COMPUTERS AND PERIPHERALS ACCEPTED (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/> Monitor <u>12.00</u>	<input checked="" type="checkbox"/> CD/CDRW Drive _____	<input checked="" type="checkbox"/> Desktop CPU _____	<input checked="" type="checkbox"/> DVD Drive _____
<input checked="" type="checkbox"/> Floppy Drive _____	<input checked="" type="checkbox"/> Hard Drive _____	<input checked="" type="checkbox"/> Laptop _____	<input checked="" type="checkbox"/> Modem _____
<input checked="" type="checkbox"/> Notebook _____	<input checked="" type="checkbox"/> Printer <u>0.35</u>	<input checked="" type="checkbox"/> Router _____	<input checked="" type="checkbox"/> Scanner _____
<input checked="" type="checkbox"/> Speakers _____	<input checked="" type="checkbox"/> Zip Drive _____	<input checked="" type="checkbox"/> Other _____	
If there is a collection fee, please indicate the amount on the line next to each item.			
14. TYPES OF POCKET PC'S ACCEPTED (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/> Battery back-up _____	<input checked="" type="checkbox"/> Data Cartridge _____	<input checked="" type="checkbox"/> PC and digital camera _____	<input checked="" type="checkbox"/> Server _____
If there is a collection fee, please indicate the amount on the line next to each item.			
15. TYPES OF COMMUNICATION DEVICES ACCEPTED (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/> Answering Machine _____	<input checked="" type="checkbox"/> Cellular Telephone _____	<input checked="" type="checkbox"/> Corded Telephone _____	<input checked="" type="checkbox"/> Cordless Telephone _____
<input checked="" type="checkbox"/> Pager _____	<input checked="" type="checkbox"/> Other _____		
If there is a collection fee, please indicate the amount on the line next to each item.			
16. OTHER TYPES OF EQUIPMENT ACCEPTED (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/> Adding Machine _____	<input checked="" type="checkbox"/> Fax Machine _____	<input checked="" type="checkbox"/> Photocopier <u>0.40</u>	<input checked="" type="checkbox"/> Multifunction Machine _____
<input checked="" type="checkbox"/> Television <u>0.35</u>	<input checked="" type="checkbox"/> Other _____		
If there is a collection fee, please indicate the amount on the line next to each item.			
SECTION B: COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS			
17. EPA IDENTIFICATION NO., IF APPLICABLE		MISSOURI IDENTIFICATION NO., IF APPLICABLE	RESOURCE RECOVERY CERTIFICATION NO., IF APPLICABLE
18. HAS YOUR COMPANY EVER BEEN INSPECTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. FEDERAL, STATE AND LOCAL ENVIRONMENTAL LAW COMPLIANCE HISTORY. ATTACH THE FOLLOWING INFORMATION a. List of all federal, state, or local environmental agency inquiries and enforcement actions during the past 5 years. b. Reports to government agencies during the past 5 years			
20. ATTACH DOCUMENTATION OF ALL REQUIRED PERMITS			
<input type="checkbox"/> Air Permit	<input type="checkbox"/> Building Permit	<input checked="" type="checkbox"/> Business Permit	<input type="checkbox"/> Occupancy Permit
<input type="checkbox"/> Missouri Hazardous Waste Management Facility Part I Permit	<input type="checkbox"/> Hazardous and Solid Waste Amendments Part II Permit	<input type="checkbox"/> Storm Water Permit	<input type="checkbox"/> Transportation/Licensure
<input type="checkbox"/> Resource Recovery Certification	<input type="checkbox"/> Solid Waste Permit		
<input type="checkbox"/> Zoning Permit	<input type="checkbox"/> Other _____		
SECTION C: END-USE MARKETS			
21. Approximately <u>0</u> % (by weight) of <u>900</u> tons per year of all equipment received is landfilled or incinerated for disposal. Attach handling and processing documentation, including the demanufacturing and disposition process and reuse/recycling end markets documentation (examples: landfill receipts, brokering contracts, recycler contracts, etc).			
22. DO YOU EXPORT, OR BROKER FOR EXPORT, WORKING USED EQUIPMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT	
23. DO YOU EXPORT, OR BROKER FOR EXPORT, NON-WORKING USED EQUIPMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attach documentation showing that your company obtained consent from the importing country through the U.S. EPA, Region 7 Director.			
24. Attach documentation from your downstream vendors showing their management procedures and their respective downstream vendors.			

SECTION D: RISK MANAGEMENT

25. DO YOU HAVE A CLOSURE PLAN?

Yes No

Attach a copy of the plan.

26. DO YOU HAVE GENERAL LIABILITY INSURANCE?

Yes No Amount of Coverage _____

Attach a copy of the policy.

27. DO YOU HAVE OTHER TYPES OF INSURANCE?

Yes No

List the type and amount of coverage and attach a copy of the policy.

DISCLOSURE CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am aware that I am responsible for updating this information in a timely manner and will operate within the constraints of Missouri environmental law and regulations.

SIGNATURE

[Original signature on file]

DATE

1/31/2012

PRINTED NAME

Robert W Akers

TITLE

Deputy Director