



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



NOTE ▶ PLEASE EITHER PRINT OR TYPE

FACILITY INFORMATION

1. FACILITY NAME Complete Electronics Recycling		ADDRESS 2935 W Chestnut Expressway		
CITY Springfield	STATE MO	ZIP CODE 65802	TELEPHONE NUMBER (417) 864-4415	
2. OWNER (OTHER) NAME David Kramer		TITLE Owner		
TELEPHONE NUMBER (417) 864-4415		CELL PHONE NUMBER		FAX NUMBER
WEB SITE ADDRESS CompleteElectronicsRecycling.org		E-MAIL ADDRESS info@completeelectronicsrecycling		

3. PERSON FILLING OUT THIS FORM:
David Kramer

SECTION A: GENERAL COMPANY INFORMATION

4. NEAREST CITY OR TOWN Springfield		COUNTY Greene
5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) David Kramer		
6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 3	NUMBER OF VOLUNTEERS	YEARS IN E-SCRAP BUSINESS 6 months

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.

Normal hand tools, 20 ton hydraulic press, pallet jacks

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.

We accept equipment from businesses and individuals. Accepted equipment is sorted, any asset tags are removed, and all hard drives are physically destroyed. Items that can be reused are sold wholesale. Remaining equipment is demanufactured down to component level for recycling.

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

SEP 27 2013

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>5</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 type="checkbox"/> OTHER _____		
13. TYPES OF COMPUTERS AND PERIPHERALS ACCEPTED (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Monitor _____ <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 _____ <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 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 type="checkbox"/> Photocopier _____ <input checked="" type="checkbox"/> Multifunction Machine _____ <input type="checkbox"/> Television _____ <input 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 type="checkbox"/> Yes <input checked="" 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"/> Resource Recovery Certification <input type="checkbox"/> Solid Waste Permit <input type="checkbox"/> Storm Water Permit <input type="checkbox"/> Transportation/Licensure <input type="checkbox"/> Zoning Permit <input type="checkbox"/> Other _____		
SECTION C: END-USE MARKETS		
21. Approximately ____% (by weight) of _____ 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

9/27/2013

PRINTED NAME

David Kramer

TITLE

Owner