



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



NOTE: PLEASE PRINT OR TYPE.

1. FACILITY INFORMATION

FACILITY NAME Computer Recycling LLC			
ADDRESS 1208 Iron St	CITY North Kansas City	STATE MO	ZIP CODE 64116
NEAREST CITY OR TOWN Kansas City		COUNTY Clay	
TELEPHONE NUMBER (WITH AREA CODE) (800) 511-8205	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (816) 550-6590	FAX NUMBER (WITH AREA CODE) (800) 817-4350	
WEB SITE ADDRESS www.computerrecyclingllc.com		EMAIL ADDRESS (FOR GENERAL INQUIRIES) michelle@computerrecyclingllc.com	
NUMBER OF EMPLOYEES (FULL AND PART TIME) 12	NUMBER OF VOLUNTEERS 0	YEARS IN BUSINESS 3	
OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) David Batcheller - Founder			

2. CURRENT OWNER INFORMATION

OWNER (OTHER) NAME David Batcheller	TITLE Owner/Member		
ADDRESS 6107 Saddle Club Court	CITY Parkville	STATE MO	ZIP CODE 64152
TELEPHONE NUMBER (WITH AREA CODE) 816-891-7746	CELL PHONE NUMBER (WITH AREA CODE) 816-550-6590	YEARS IN E-SCRAP BUSINESS 20	

3. PERSON FILLING OUT THIS FORM

NAME Michelle Baragary	TITLE EH&S Manager
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4. TYPE OF FACILITY

CHECK ALL THAT APPLY. ATTACH A DETAILED EXPLANATION OF EACH.

<input type="checkbox"/> Broker	<input type="checkbox"/> Collector	<input type="checkbox"/> Charity/Service
<input checked="" type="checkbox"/> Demanufacturer	<input type="checkbox"/> Government	<input checked="" type="checkbox"/> Refurbisher/Reseller
<input type="checkbox"/> Transporter	<input type="checkbox"/> Other _____	

5. E-CYCLING EQUIPMENT USED

LIST ALL EQUIPMENT
Power tools, shrinkwrapper, hard drive shredder

6. EXPLANATION OF FACILITY OPERATIONS

PLEASE GIVE DETAILED STEPS.

Computer Recycling LLC offers customized recycling solutions for our clients to fit their specific needs including tracking, verification and real time reporting of their assets. We are proud of our cutting edge software that not only makes this possible for our clients, but also provides us with full tracking and reporting capabilities.

Equipment is dropped off by businesses/residents or picked up by Computer Recycling employees (truck). Equipment is weighted, entered into our proprietary auditing program, sorted and palletized into categories. CRTs and TVs are moved to the area designated to be sent to our downstream vendor. Material containing memory devices shall be wiped or shredded according to our data sanitization procedures. Material is evaluated and assessed through diagnostic testing to determine full functionality. Material/components not passing full functionality testing may be refurbished until it passes full functionality testing, demanufactured for materials recovery, or sent to Computer Recycling's e-Stewards and/or R2 certified downstream vendors for recycling or final disposal. Material/components passing reuse and refurbishment are packaged and stored in the Parts Division Inventory for resale.

7. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMANUFACTURING?YES NO

IF "NO," OR IF ONLY A PORTION IS DEMANUFACTURED, WHAT DO YOU DO WITH THE EQUIPMENT AND COMPONENTS?

 Resell 80 % Export _____ %
8. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING?YES NO

IF "YES," WHAT ITEMS ARE SHREDDED?

Shred hard drives after the removal of circuit boards

9. SERVICES PROVIDED

CHECK ALL THAT APPLY.

 Hard Drive Erasure/Destruction (Secure Data Destruction) Palletizing and Pickup
 Product Tracking Through Final Disposition Other _____
10. TYPES OF COMPUTER AND PERIPHERALS ACCEPTED

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Monitor CRTs @ \$.25/lb CD/CDRW Drive _____ Desktop CPU _____
 DVD Drive _____ Floppy Drive _____ Hard Drive _____
 Laptop _____ Modem _____ Notebook _____
 Printer _____ Router _____ Scanner _____
 Speakers _____ Zip Drive _____ Other _____
11. TYPES OF POCKET PC'S ACCEPTED

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Battery Back-Up _____ Data Cartridge _____ PC and Digital Camera _____
 Server _____ Other _____
12. TYPES OF COMMUNICATION DEVICES ACCEPTED

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Answering Machine _____ Cellular Telephone _____ Corded Telephone _____
 Cordless Telephone _____ Pager _____ Other _____
13. OTHER TYPES OF EQUIPMENT ACCEPTED

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Adding Machine _____ Fax Machine _____ Photocopier _____
 Multifunction Machine _____ Television tubed @ \$.25/lb _____ Other _____

14. COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS

EPA ID NUMBER, IF APPLICABLE MOD985798503	MO ID NUMBER, IF APPLICABLE 021556	RESOURCE RECOVERY CERTIFICATION NUMBER, IF APPLICABLE
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Has your company ever been inspected? YES NO

ATTACH THE FOLLOWING

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

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"/> Hazardous and Solid Waste Amendments Part II Permit	<input type="checkbox"/> Missouri Hazardous Waste Management Facility Part I Permit	<input type="checkbox"/> Occupancy Permit
<input type="checkbox"/> Resource Recover 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 _____

15. RISK MANAGEMENT

Do you have a Closure Plan? ATTACH A COPY OF THE PLAN YES NO

Do you have General Liability insurance? ATTACH A COPY OF THE POLICY YES Amount \$1,000,000.00 NO

Do you have other types of insurance? YES NO

LIST THE TYPE AND AMOUNT OF COVERAGE AND ATTACH A COPY OF THE POLICY.

Professional - \$1,000,000
 Pollution - \$1,000,000
 Worker's Comp - \$500,000
 Automobile - \$1,000,000
 Umbrella - \$2,000,000

16. END-USE MARKETS

Approximately 0.00 % (by weight) of 35.00 tons per year of all equipment received is landfilled or incinerated for disposal.

ATTACH HANDLING AND PROCESSING DOCUMENTATION, INCLUDING DEMANUFACTURING AND DISPOSITION PROCESS AND REUSE/RECYCLING END MARKETS DOCUMENTATION (Examples: landfill receipts, brokering contracts, recycler contracts, etc.).

Do you export, or broker for export, working used equipment? YES NO

LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT.

OECD member countries, which may include: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, and United Kingdom.

Do you export, or broker for export, non-working used equipment? YES NO

ATTACH DOCUMENTATION SHOWING THAT YOUR COMPANY OBTAINED CONSENT FROM THE IMPORTING COUNTRY THROUGH THE U.S. EPA, REGION 7 DIRECTOR.

17. CONFIDENTIALITY

Is your Downstream Vendor Information confidential? YES NO

COMPLETE THE VENDOR INFORMATION FORM ATTACHED TO THIS FORM.

18. DO YOU AGREE TO ADOPT THE MISSOURI E-CYCLE STANDARDS' BEST MANAGEMENT PRACTICES AS YOUR STANDARD OPERATING PROCEDURES? INITIALS: DB YES NO

A CORPORATE OFFICER OR NON-PROFIT BOARD MEMBER MUST SIGN A CERTIFICATION STATEMENT THAT INDICATES THE BUSINESS IS USING THE MOST BEST MANAGEMENT PRACTICES AS ITS STANDARD OPERATING PROCEDURES.

19. 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 9/26/2014
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PRINTED NAME David Batcheller	TITLE Owner/Member
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Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM, P.O. BOX 176, JEFFERSON CITY, MO 65102-0176 PHONE: 800-361-4827 or 573-751-3176 FAX: 573-526-5268	FOR OFFICE USE ONLY
	DATE RECEIVED

DOWNSTREAM VENDOR INFORMATION

Is your Downstream Vendor Information confidential? YES NO

IF MARKED "NO" ABOVE, THIS SECTION MAY BE POSTED ON THE INTERNET. COMPLETE ONE SECTION BELOW FOR EACH RECYCLING FACILITY USED TO PROCESS MATERIAL. PLEASE SUBMIT ADDITIONAL PAGES IF NEEDED.

FACILITY NAME
Kuusakoski US

ADDRESS 13543 South US Hwy 30	CITY Plainfield	STATE IL	ZIP CODE 60544
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TELEPHONE NUMBER (WITH AREA CODE) (815) 782-7125	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (331) 201-9263
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WHICH RECYCLING STANDARD DOES THIS FACILITY USE?

Institute of Scrap Recycling Industries EPA's Responsible Recycling (R2) Practices

Other e-Stewards and ISO 14001

LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.

All non-working electronic equipment/components including CRTs and hazardous electronic waste.

FACILITY NAME

ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER (WITH AREA CODE)	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)
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