



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



NOTE ▶ PLEASE EITHER PRINT OR TYPE

FACILITY INFORMATION

1. FACILITY NAME Midwest Assessment LLC		ADDRESS 11120 Veterans Memorial Pkwy	
CITY Lake St. Louis	STATE MO	ZIP CODE 63367	TELEPHONE NUMBER (314) 598-5685
2. OWNER (OTHER) NAME Benjamin Mazzier		TITLE Owner	
TELEPHONE NUMBER (314) 598-5685	CELL PHONE NUMBER (314) 598-5685		FAX NUMBER
WEB SITE ADDRESS		E-MAIL ADDRESS bennymazzier@yahoo.com	

3. PERSON FILLING OUT THIS FORM:
Benjamin Mazzier

SECTION A: GENERAL COMPANY INFORMATION

4. NEAREST CITY OR TOWN O Fallon	COUNTY Saint Charles	
5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Current and only owner		
6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 0	NUMBER OF VOLUNTEERS 2	YEARS IN E-SCRAP BUSINESS 3

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.
screwdrivers, pliers, electric or battery operated screwdrivers, wire stripper

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.
We will host collection events to recycle electronics and take them to the recycle center. We recycle 100% of the material accepted at the end market facility.

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
SEPT 21, 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 type="checkbox"/> RESELL <u>0</u> % <input type="checkbox"/> EXPORT <u>0</u> %	
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 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 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 checked="" 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 30-0713058	
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 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 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

9/18/2012

PRINTED NAME

Benjamin Mazzier

TITLE

Owner