MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

HOST SITE SELF-AUDIT

e-cycle MISSOURI

NOTE: PLEASE PRINT OR TYPE.

1. FACILITY INFORMATION

FACILITY NAME Computer Trade LLC DBA US Materials Management LLC			
ADDRESS 711 N. Schifferdecker	CITY Joplin	STATE MO	ZIP CODE 64801
NEAREST CITY OR TOWN Joplin	COUNTY Jaspar		
TELEPHONE NUMBER (WITH AREA CODE) (417) 396-3316	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE) (314) 968-3515	
WEB SITE ADDRESS www.usmaterialsmanagement.com	EMAIL ADDRESS (FOR GENERAL INQUIRIES) stephanie@usmaterialsmanagement.com		
NUMBER OF EMPLOYEES (FULL AND PART TIME) 2	NUMBER OF VOLUNTEERS	YEARS IN BUSINESS 12	
OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) R. Scott McClendon			

2. CURRENT OWNER INFORMATION

OWNER (OTHER) NAME R. Scott McClendon	TITLE President		
ADDRESS 575 Glendale Rd	CITY St. Louis	STATE MO	ZIP CODE 63119
TELEPHONE NUMBER (WITH AREA CODE)	CELL PHONE NUMBER (WITH AREA CODE) 314-630-6726	YEARS IN E-SCRAP BUSINESS	

3. PERSON FILLING OUT THIS FORM

NAME	TITLE

4. TYPE OF FACILITY

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

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

5. E-CYCLING EQUIPMENT USED

LIST ALL EQUIPMENT

Hard Drive Degausser; Hard Drive Shredder.

6. EXPLANATION OF FACILITY OPERATIONS

PLEASE GIVE DETAILED STEPS.

US Materials Management operates as a collector, demanufacturer, broker and reseller. Our clients include healthcare facilities, governmental office, corporate offices, small businesses and residential. We also do construction demolition and recycling.

7. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMAUFACTURING?

YES ☒ NO ☐

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

☒ Resell 25 % ☐ Export ____ %

8. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING?

YES ☒ NO ☐

IF "YES," WHAT ITEMS ARE SHREDDED?

Computer Hard Drives

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 ____
☒ 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 ____
☒ Other ____

14. COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS

EPA ID NUMBER, IF APPLICABLE	MO ID NUMBER, IF APPLICABLE	RESOURCE RECOVERY CERTIFICATION NUMBER, IF APPLICABLE

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

☐ Air Permit	☐ Building Permit	☐ Business Permit
☐ Hazardous and Solid Waste Amendments Part II Permit	☐ Missouri Hazardous Waste Management Facility Part I Permit	☐ Occupancy Permit
☐ Resource Recover Certification	☐ Solid Waste Permit	☐ Storm Water Permit
☐ Transportation/Licensure	☐ Zoning Permit	☐ 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 _____ NO ☒

Do you have other types of insurance? YES ☐ NO ☒

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

16. END-USE MARKETS

Approximately _____% (by weight) of _____ 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.

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:** RSM YES ☒ NO ☐

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

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	DATE
[Original Signature on file]	12/4/14

PRINTED NAME	TITLE

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

DEC 4 2014

ATTACHMENT

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

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE NUMBER (WITH AREA CODE)	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)

WHICH RECYCLING STANDARD DOES THIS FACILITY USE?

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

☐ Other _____

LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.

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