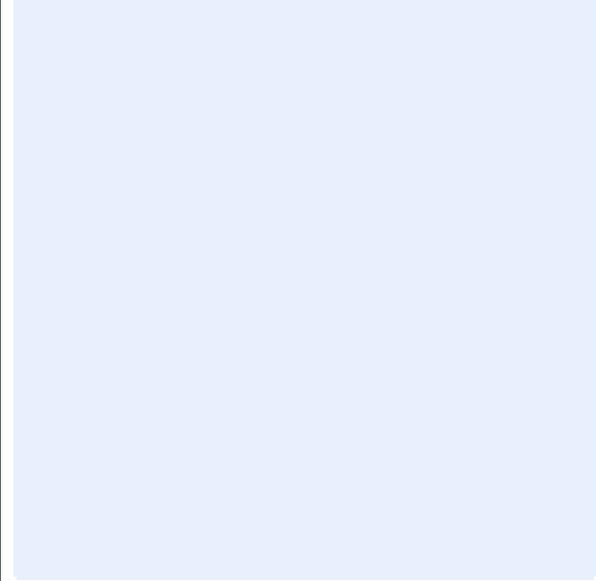
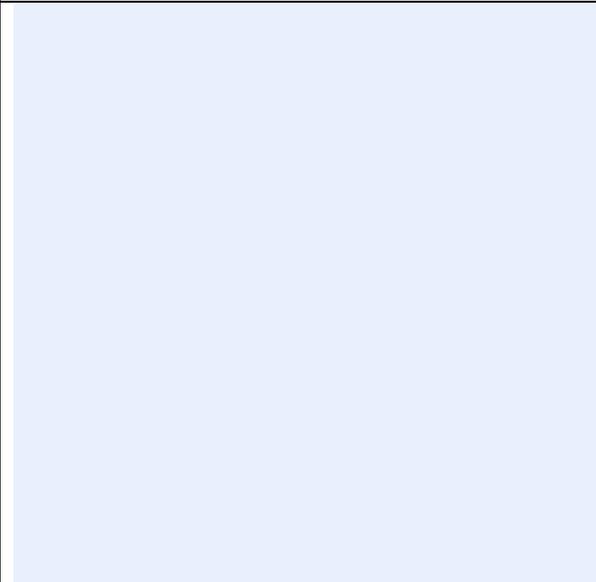
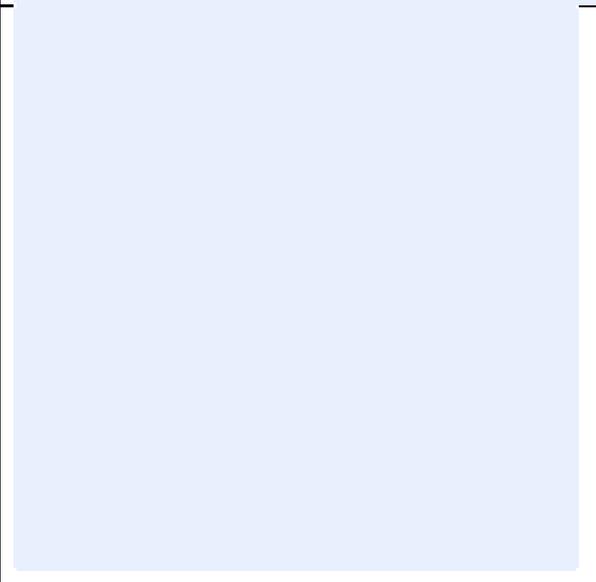


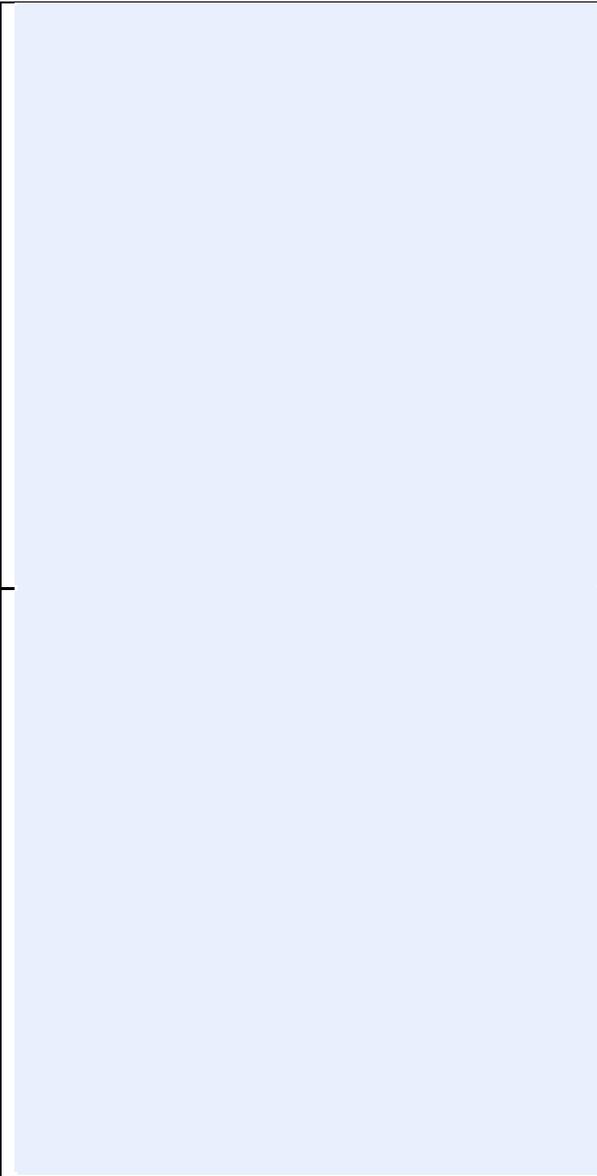
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 SOLID WASTE MANAGEMENT PROGRAM
PROCESSING FACILITY INSPECTION CHECKLIST

I. GENERAL INFORMATION					
DATE OF INSPECTION	ARRIVAL AND DEPARTURE TIMES	DAYS AND HOURS OPEN	COUNTY	PERMIT NUMBER	
FACILITY NAME			TEMPERATURE/WEATHER	TELEPHONE NUMBER WITH AREA CODE	
FACILITY MAILING ADDRESS					
OWNER NAME AND MAILING ADDRESS				TELEPHONE NUMBER WITH AREA CODE	
OPERATOR NAME AND MAILING ADDRESS (IF DIFFERENT THAN OWNER)				TELEPHONE NUMBER WITH AREA CODE	
AREAS SERVED; COUNTIES, CITIES AND TOWNS			ESTIMATED QUANTITY OF WASTE PROCESSED PER MONTH <input type="checkbox"/> CUBIC YARDS/ <input type="checkbox"/> TONS (CHECK ONE)		
FACILITY REPRESENTATIVE	FACILITY TRANSFERS OTHER WASTES FROM THIS LOCATION? <input type="checkbox"/> Y <input type="checkbox"/> N		TYPE OF FACILITY (CHECK ONE) <input type="checkbox"/> TRANSFER STATION <input type="checkbox"/> MATERIAL RECOVERY		
PROCESSED SOLID WASTE IS SOLD TO OR DISPOSED OF AT:					
FACILITY NAME OR DISPOSAL AREA		CITY	STATE	ZIP	TELEPHONE NUMBER WITH AREA CODE
II. INSPECTION CHECKLIST--Check All Sections: S=Satisfactory U=Unsatisfactory N=Not Applicable/Observed/Inspected					
	S	U	N	10 CSR 80-2.020	PERMIT ISSUANCE, CONSTRUCTION PERMITS, OPERATION PERMITS, EMERGENCY PERMITS AND EXEMPTIONS
1.	<input type="checkbox"/>	<input type="checkbox"/>		(1)(F) Site constructed and operated per permit	
				10 CSR 80-2.080	TONNAGE FEES
2.	<input type="checkbox"/>	<input type="checkbox"/>		(2)(E) Records maintained of dollar amount collected and paid to the department and date of remittance	
				10 CSR 80-5.010	PROCESSING FACILITY DESIGN AND OPERATION
SOLID WASTE ACCEPTED					
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(C)1 Storage areas clearly marked	
4.	<input type="checkbox"/>	<input type="checkbox"/>		(2)(C)2 Personnel thoroughly trained in handling acceptable and unacceptable waste	
5.	<input type="checkbox"/>	<input type="checkbox"/>		(2)(C)3 Unloading of solid waste supervised to exclude unacceptable wastes	
6.	<input type="checkbox"/>	<input type="checkbox"/>		(2)(C)4 List of all acceptable solid wastes posted at entrance	
WATER QUALITY					
7.	<input type="checkbox"/>	<input type="checkbox"/>		(5)(C)1 Waters discharged from facility monitored and in compliance with water quality standards	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)2 Department immediately notified in the event of an accidental wastewater spill	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(C)3 Accidental wastewater spills contained and cleaned up in accordance with approved plans	
VECTORS					
10.	<input type="checkbox"/>	<input type="checkbox"/>		(7)(C)1A Unloading and loading areas cleaned as spillage occurs	
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(C)1B Putrescible waste placed in containers at end of working day unless otherwise approved	
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(C)1B Putrescible waste stored no longer than 24 hours on-site without prior approval	
13.	<input type="checkbox"/>	<input type="checkbox"/>		(7)(C)1C Remainder of facility interior routinely cleaned	
14.	<input type="checkbox"/>	<input type="checkbox"/>		(7)(C)2 Vectors controlled and control program implemented when necessary	
AESTHETICS					
15.	<input type="checkbox"/>	<input type="checkbox"/>		(8)(C)1 All litter collected daily and facility exterior cleaned daily to present neat and clean appearance	
16.	<input type="checkbox"/>	<input type="checkbox"/>		(8)(C)2 Non-putrescible solid waste that cannot be processed by the facility removed at least weekly and transported to a permitted solid waste processing facility or disposal area	
17.	<input type="checkbox"/>	<input type="checkbox"/>		(8)(C)3 Odors, dust and excess noise controlled to prevent a nuisance	
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)(C)4 Solid waste not accepted if available storage capacity is full or facility expected to be out of operation for more than 24 hours	

	S	U	N	10 CSR 80-5.010	PROCESSING FACILITY DESIGN AND OPERATION
RESIDUE AND PROCESSED SOLID WASTE					
19.	<input type="checkbox"/>	<input type="checkbox"/>		(9)(C)1	Residue or other processed solid waste (not recycled or recovered) disposed of in a permitted solid waste disposal area
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9)(C)2	Materials for recycling and resource recovery properly stored and transported to the other facility
21.	<input type="checkbox"/>	<input type="checkbox"/>		(9)(C)3	Waste and residue transported from the facility in a manner to prevent sifting, falling, leaking or blowing from vehicle
SAFETY					
22.	<input type="checkbox"/>	<input type="checkbox"/>		(10)(C)1	Personal safety devices utilized, where needed, by all persons on premises
23.	<input type="checkbox"/>	<input type="checkbox"/>		(10)(C)2	Safety devices and controls in the design plans maintained in good operating condition and replaced when needed
24.	<input type="checkbox"/>	<input type="checkbox"/>		(10)(C)3	Salvaging prohibited except as provided for by approved design
25.	<input type="checkbox"/>	<input type="checkbox"/>		(10)(C)4	Access to facility controlled to limit accessibility to periods of time when responsible operating personnel are on duty
26.	<input type="checkbox"/>	<input type="checkbox"/>		(10)(C)5	Fire extinguishers provided on all solid waste handling equipment
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10)(C)6	Provisions to extinguish fires in wastes delivered to the facility, occurring in the facility, in equipment, or the personnel facilities
RECORDS					
28.	<input type="checkbox"/>	<input type="checkbox"/>		(11)(C)1	Records maintained of actual or estimated quantity of solid waste received each day
29.	<input type="checkbox"/>	<input type="checkbox"/>		(11)(C)2	Records maintained of major operation problems, complaints, and difficulties
30.	<input type="checkbox"/>	<input type="checkbox"/>		(11)(C)3	Records maintained of vector, odor, dust and litter control efforts
REMARKS – ALL BOXES MARKED U OR N REQUIRE A WRITTEN EXPLANATION					
SIGNATURE OF INSPECTOR					DATE

Photograph Addendum

		<p>Photograph: #1 Date Taken: By: Description:</p>
		<p>Photograph: #2 Date Taken: By: Description:</p>
		<p>Photograph: #3 Date Taken: By: Description:</p>

	<p>Photograph: #4 Date Taken: By: Description:</p>
	<p>Photograph: #5 Date Taken: By: Description:</p>
	<p>Photograph: #6 Date Taken: By: Description:</p>