



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



**NOTE: PLEASE PRINT OR TYPE.**

**1. FACILITY INFORMATION**

FACILITY NAME ReBoot Computers and More LLC			
ADDRESS 3972 Hwy 50	CITY Beaufort	STATE Mo	ZIP CODE 63013
NEAREST CITY OR TOWN Beaufort		COUNTY Franklyn	
TELEPHONE NUMBER (WITH AREA CODE) (573) 321-7026	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (636) 751-6007	FAX NUMBER (WITH AREA CODE)	
WEB SITE ADDRESS rebootcomputersandmore.com		EMAIL ADDRESS (FOR GENERAL INQUIRIES) rebootcomputers@att.net	
NUMBER OF EMPLOYEES (FULL AND PART TIME)	NUMBER OF VOLUNTEERS 6	YEARS IN BUSINESS 4	
OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Michael R Murray			

**2. CURRENT OWNER INFORMATION**

OWNER (OTHER) NAME Michael R Murray	TITLE Owner		
ADDRESS 5625 Hwy 185	CITY Beaufort	STATE Mo	ZIP CODE 63013
TELEPHONE NUMBER (WITH AREA CODE) 5734744348	CELL PHONE NUMBER (WITH AREA CODE) 6367516007	YEARS IN E-SCRAP BUSINESS 4	

**3. PERSON FILLING OUT THIS FORM**

NAME Michael R Murray	TITLE Michael R Murray
--------------------------	---------------------------

**4. TYPE OF FACILITY**

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

<input type="checkbox"/> Broker	<input checked="" type="checkbox"/> Collector	<input checked="" type="checkbox"/> Charity/Service
<input 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

Any tools to break down parts. Pickup Truck.

**6. EXPLANATION OF FACILITY OPERATIONS**

PLEASE GIVE DETAILED STEPS.

Collecting of itmes, sorting and dismanteling, resold or scrapped.

**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 35 %  Export \_\_\_\_\_ %**8. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING?**YES  NO 

IF "YES," WHAT ITEMS ARE SHREDDED?

**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 10.00 % (by weight) of 30.00 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.

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: MRM 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 2-26-16

PRINTED NAME Michael R Murray TITLE Owner

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 MAR 09 2016

**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  
Didion Orf Recycling

ADDRESS 206 Didion Dr	CITY Saint Peters	STATE MO	ZIP CODE 63376
--------------------------	----------------------	-------------	-------------------

TELEPHONE NUMBER (WITH AREA CODE) (636) 397-6060	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (800) 466-6560
---	---

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.  
Electronic components, Steel, Tin, Batteries

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.

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.

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.