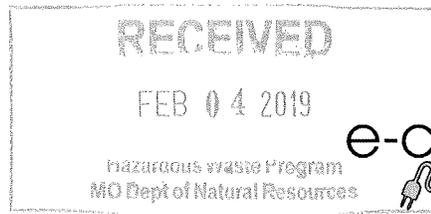


MISSOURI DEPARTMENT OF NATURAL RESOURCES  
HAZARDOUS WASTE PROGRAM  
**HOST SITE SELF-AUDIT**



**NOTE: PLEASE PRINT OR TYPE.**

**1. FACILITY INFORMATION**

FACILITY NAME Synetic Technologies			
ADDRESS 1120 Clay St.	CITY North Kansas City	STATE MO.	ZIP CODE 64116
NEAREST CITY OR TOWN Kansas City		COUNTY Clay	
TELEPHONE NUMBER (WITH AREA CODE) (816) 920-5558	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (816) 213-1174	FAX NUMBER (WITH AREA CODE) (816) 920-5940	
WEB SITE ADDRESS www.sti3.com		EMAIL ADDRESS (FOR GENERAL INQUIRIES) steve.hussey@sti3.com	
NUMBER OF EMPLOYEES (FULL AND PART TIME) 62	NUMBER OF VOLUNTEERS 0	YEARS IN BUSINESS 12	
OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Current Owner - Ron Helmer - January 2008 (Purchased assets from previous owner) Former Owner - Ken Biggs - September 1999 (Computer Broker USA)			

**2. CURRENT OWNER INFORMATION**

OWNER (OTHER) NAME Ron Helmer		TITLE President / CEO	
ADDRESS 1120 Clay St.	CITY North Kansas City	STATE MO.	ZIP CODE 64116
TELEPHONE NUMBER (WITH AREA CODE) (816) 920-5558	CELL PHONE NUMBER (WITH AREA CODE) (816) 213-1174	YEARS IN E-SCRAP BUSINESS 12	

**3. PERSON FILLING OUT THIS FORM**

NAME Steven Hussey - QEH&S Manager	TITLE Steven Hussey - QEH&S Manager
---------------------------------------	--

**4. TYPE OF FACILITY**

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

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

16' Box Truck  
26' Box Truck  
26' Box Truck  
(1) Forklift  
(1) Reach Truck  
Hard drive Shredder  
DDV Shred Truck 33,000 GVWR On board Untha Shredder

**6. EXPLANATION OF FACILITY OPERATIONS**

PLEASE GIVE DETAILED STEPS.

We offer information technology (Electronics) asset disposition services to include, refurbishment, resale and recycling of electronic assets to include but not limited to PCs, laptops, LCD/CRT monitors, servers, flat and tube TVs, audio/visual etc.

We receive and process technology assets in thereby conducting minor dismantling operations, using controlled processes for focused material and non-focused materials and diversion of e-waste to reuse channels.

Certified by Orion Registrar:

R2:2013 Practices, Certificate ID: 1002174

Rios:2006 Certificate ID: 1002175

ISO 14001:2015 Certificate ID: 1008889

**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 100 %  Export \_\_\_\_\_ %

**8. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING?**YES  NO 

IF "YES," WHAT ITEMS ARE SHREDED?

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

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Monitor \$10.00  | <input checked="" type="checkbox"/> CD/CDRW Drive \$5.00 | <input checked="" type="checkbox"/> Desktop CPU \$8.00 |
| <input checked="" type="checkbox"/> DVD Drive \$5.00 | <input checked="" type="checkbox"/> Floppy Drive \$5.00  | <input checked="" type="checkbox"/> Hard Drive \$5.00  |
| <input checked="" type="checkbox"/> Laptop \$10.00   | <input checked="" type="checkbox"/> Modem \$5.00         | <input checked="" type="checkbox"/> Notebook \$10.00   |
| <input checked="" type="checkbox"/> Printer \$10.00  | <input checked="" type="checkbox"/> Router \$5.00        | <input checked="" type="checkbox"/> Scanner \$5.00     |
| <input checked="" type="checkbox"/> Speakers \$5.00  | <input checked="" type="checkbox"/> Zip Drive \$5.00     | <input type="checkbox"/> 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 \$5.00  Data Cartridge \$5.00  PC and Digital Camera \$5.00  
 Server \$15.00  Other \_\_\_\_\_

**12. TYPES OF COMMUNICATION DEVICES ACCEPTED**

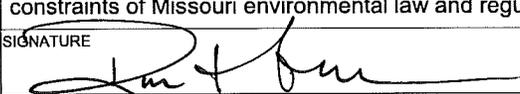
CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

- Answering Machine \$5.00  Cellular Telephone \$5.00  Corded Telephone \$5.00  
 Cordless Telephone \$5.00  Pager \$5.00  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 \$5.00  Fax Machine \$5.00  Photocopier \$20.00  
 Multifunction Machine \$20.00  Television \$25.00  Other \_\_\_\_\_

<b>14. COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS</b>		
EPA ID NUMBER, IF APPLICABLE MOR000552455	MO ID NUMBER, IF APPLICABLE 045389	RESOURCE RECOVERY CERTIFICATION NUMBER, IF APPLICABLE
Has your company ever been inspected?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 _____
<b>15. RISK MANAGEMENT</b>		
Do you have a Closure Plan? ATTACH A COPY OF THE PLAN		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Do you have General Liability insurance? ATTACH A COPY OF THE POLICY		YES <input checked="" type="checkbox"/> Amount \$2,000,000.00 NO <input type="checkbox"/>
Do you have other types of insurance?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
LIST THE TYPE AND AMOUNT OF COVERAGE AND ATTACH A COPY OF THE POLICY.		
Umbrella Liability - 5 MIL Automotive Liability - 1 MIL Workers Compensation - 500K Business Owner - 1 MIL Professional Liability - 1 MIL Employment Practices Liability - 1 MIL		
<b>16. END-USE MARKETS</b>		
Approximately <u>0.00</u> % (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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT.		
Do you export, or broker for export, non-working used equipment?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ATTACH DOCUMENTATION SHOWING THAT YOUR COMPANY OBTAINED CONSENT FROM THE IMPORTING COUNTRY THROUGH THE U.S. EPA, REGION 7 DIRECTOR.		
<b>17. CONFIDENTIALITY</b>		
Is your Downstream Vendor Information confidential?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
COMPLETE THE VENDOR INFORMATION FORM ATTACHED TO THIS FORM.		
<b>18. DO YOU AGREE TO ADOPT THE MISSOURI E-CYCLE STANDARDS' BEST MANAGEMENT PRACTICES AS YOUR STANDARD OPERATING PROCEDURES?</b>		INITIALS: <u>R</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.		
<b>19. DISCLOSURE CERTIFICATION</b>		
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 1/30/2019
PRINTED NAME Ron Helmer	TITLE President / CEO	
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	<b>FOR OFFICE USE ONLY</b> DATE RECEIVED

<b>DOWNSTREAM VENDOR INFORMATION</b>			
Is your Downstream Vendor Information confidential?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Total Metal Recycling			
ADDRESS	CITY	STATE	ZIP CODE
3101 Missouri Avenue	Granite City	IL.	62040
TELEPHONE NUMBER (WITH AREA CODE)		ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)	
(618) 877-0585			
WHICH RECYCLING STANDARD DOES THIS FACILITY USE?			
<input type="checkbox"/> Institute of Scrap Recycling Industries		<input checked="" type="checkbox"/> EPA's Responsible Recycling (R2) Practices	
<input type="checkbox"/> Other _____			
LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.			
Mercury containing devices (fluorescent tubes, laptops, LCD displays, LCD televisions) CRT/CRT glass (monitors, televisions, misc equipment) batteries, circuit Boards, material containing circuit boards (computer towers, printers, keyboards, mice, fax machines, copiers, etc.).			
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?			
<input type="checkbox"/> Institute of Scrap Recycling Industries		<input type="checkbox"/> EPA's Responsible Recycling (R2) Practices	
<input type="checkbox"/> 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?			
<input type="checkbox"/> Institute of Scrap Recycling Industries		<input type="checkbox"/> EPA's Responsible Recycling (R2) Practices	
<input type="checkbox"/> 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?			
<input type="checkbox"/> Institute of Scrap Recycling Industries		<input type="checkbox"/> EPA's Responsible Recycling (R2) Practices	
<input type="checkbox"/> 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?			
<input type="checkbox"/> Institute of Scrap Recycling Industries		<input type="checkbox"/> EPA's Responsible Recycling (R2) Practices	
<input type="checkbox"/> Other _____			
LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.			