



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 SOLID WASTE MANAGEMENT PROGRAM
SCRAP TIRE COLLECTION CENTER INSPECTION CHECKLIST

I. GENERAL INFORMATION				
BUSINESS NAME			REGION	
OWNER/MANAGER/EMPLOYEE			TELEPHONE NUMBER	
MAILING ADDRESS				
CITY		STATE MO	ZIP	COUNTY
NUMBER OF SCRAP TIRES ON SITE AND LOCATION				
II. INSPECTION QUESTIONS: Check All Sections – C = Compliant, V = Violation or NA = Not Applicable/Evaluated/Observed				
FIRE PROTECTION 10 CSR 80-8.020(4)(A)				
<input type="checkbox"/> INSIDE STORAGE <input type="checkbox"/> OUTSIDE STORAGE <input type="checkbox"/> OTHER STORAGE				
C	V	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. SCRAP TIRE STORAGE COMPLIES WITH LOCAL FIRE CODES	
OR IN COMPLIANCE WITH 2006 IFC				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. SCRAP TIRES STACKED SEPARATELY AND ARRANGED IN ORDERLY PILES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. EMERGENCY VEHICLE ACCESS AND FIRE LANES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. DISTANCE TO STRUCTURES AND LOT LINES AT LEAST 50 FEET	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. WEEDS, GRASS, COMBUSTIBLES CONTROLLED WITHIN 40 FEET OF THE STORAGE AREA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. PUBLIC ACCESS LIMITED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. ACCESS FOR FIREFIGHTING EQUIPMENT	
LOCATION 10 CSR 80-8.020(4)(B)				
C	V	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLLECTION CENTER NOT LOCATED IN WETLAND, SINKHOLE OR FLOODPLAIN	
VECTOR CONTROL 10 CSR 80-8.020(4)(C)				
C	V	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRAP TIRES DRAINED OF WATER AND KEPT DRY WITHIN BUILDING, ENCLOSED TRAILER OR UNDER IMPERMEABLE COVER	
OR				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRAP TIRES ALTERED AND DO NOT CONTAIN WATER	
OR				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LARVICIDE/ADULTICIDE APPLIED CORRECTLY	
OR				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALTERNATIVE METHOD OF VECTOR CONTROL APPROVED BY THE DEPARTMENT	
RECORDKEEPING REQUIREMENTS 10 CSR 80-8.0020(5)				
C	V	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MONTHLY SUMMARY TRACKING FORM MAINTAINED (OR OTHER FORM APPROVED BY THE DEPARTMENT)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RECORDS OF VECTOR CONTROL ACTIVITIES MAINTAINED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RECORDS MAINTAINED FOR THE LAST THREE YEARS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RECORDS AVAILABLE FOR INSPECTION UPON REQUEST	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRAP TIRES LAWFULLY REMOVED BY EMPLOYEES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRAP TIRES REMOVED BY PERMITTED SCRAP TIRE HAULER	
NUMBER OF SCRAP TIRES GENERATED EACH MONTH:				

III. NAME AND PERMIT NUMBER OF SCRAP TIRE HAULER(S)

IV. FINAL DESTINATION OF REMOVED SCRAP TIRES

V. COMMENTS/RECOMMENDATIONS

SIGNATURE OF INSPECTOR

DATE