

Household Hazardous Waste For Managers
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Household Hazardous Waste Collection Options

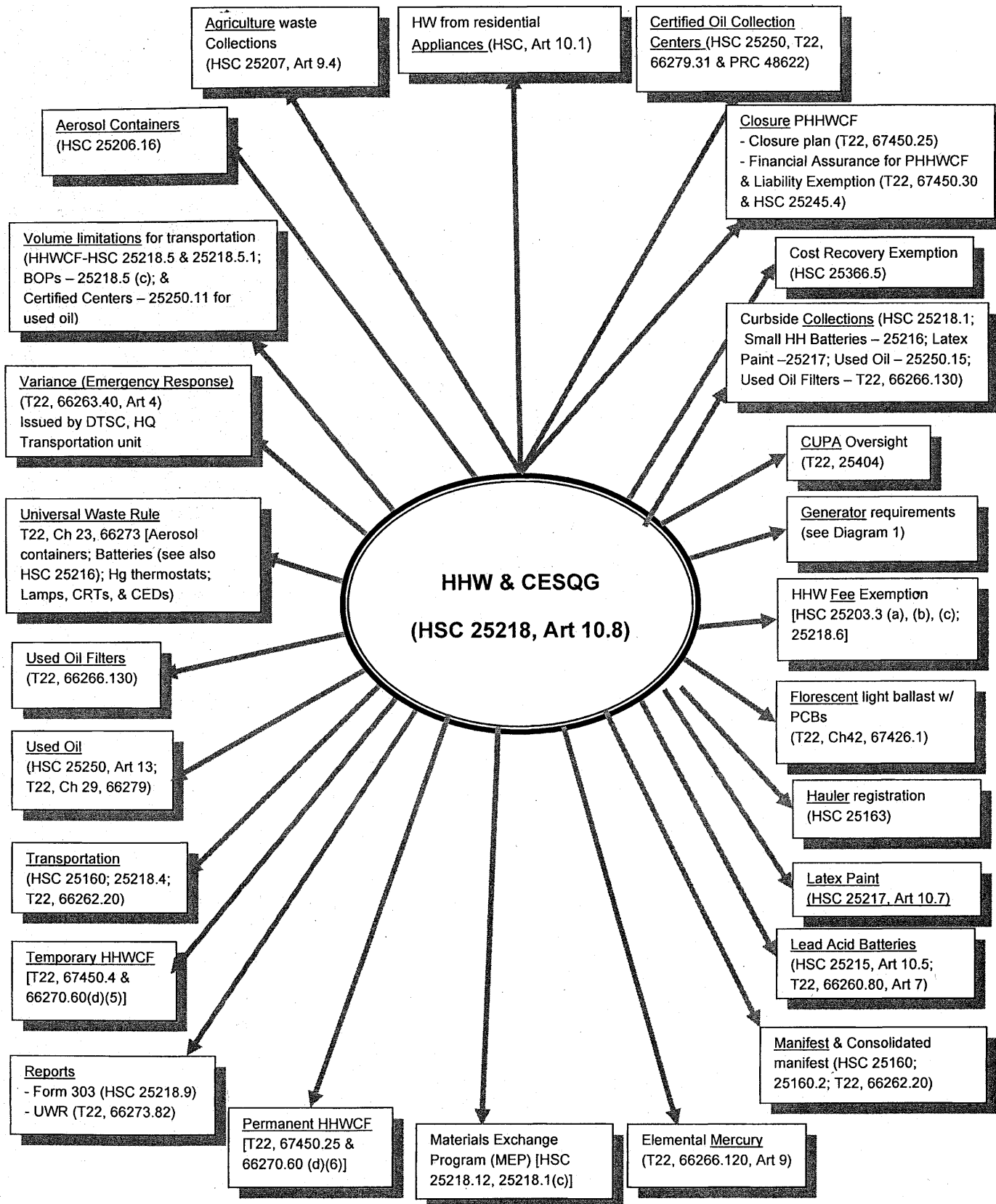
	Permanent		Temporary Collection Event	Door to Door (a)	Curbside collection	Recycle-Only (ABOP) Center	Universal Waste	Residential Medical Waste
Description	Permitted hazardous waste facility at a fixed location	Permitted hazardous waste facility at temporary location	Service authorized to collect all HHW	Service authorized to collect recyclable hazardous waste from residences	Fixed location accepting recyclable waste (b)	Drop-off location or pick up for universal waste	Drop-off location or pick up for sharps and other household medical waste	
Waste Types	ALL	ALL	ALL HHW No CESQG	Only recyclable wastes and universal wastes	Only recyclable wastes	CRT, Fluorescent lamps, small batteries	Needles and other non-regulated medical waste	
Permitting	PBR approved by CUPA	PBR approved by CUPA	Traditional Notify CUPA Non-traditional PBR	Notification	Notification	Notification	Home-generated sharps consolidation point	
Staff Training	24/8 hour HAZWOPER	24/8 hour HAZWOPER	24/8 hour HAZWOPER	HW Training	HW Training	HW Training	Bloodborne Pathogen recommended	
Site EPA ID Number	Required	Required	Required for hauler *	Required for hauler *	Required	NA	NA	
Shipping document	Manifests & Bill of Lading	Manifests & Bill of Lading	Traditional-Receipt Non-traditional-consolidated manifest	NA	Bill of Lading	Bill of Lading	Tracking document	
Regulatory Limitations	Maximum 5 gallons/50 pounds transport	Maximum 5 gallons/50 pounds transport	Certified hazardous waste vehicle. Non-traditional can consolidate on truck antifreeze, used oil and filters, and latex paint, Non-traditional quarterly report to DTSC.	<ul style="list-style-type: none"> • Single residence limit • ≤ 10 pounds small batteries & oil filters • ≤ 5 gallons used oil • ≤ 5 gallons latex paint • No lead acid batteries • No antifreeze 	Storage limit of 180 days (Lead-acid batteries maybe stored up to one year)	Unlimited		

(a) Traditional Door-to-Door hauls to a permanent HHW facility. A Non-traditional uses a 10-day transfer station then to a TSDF

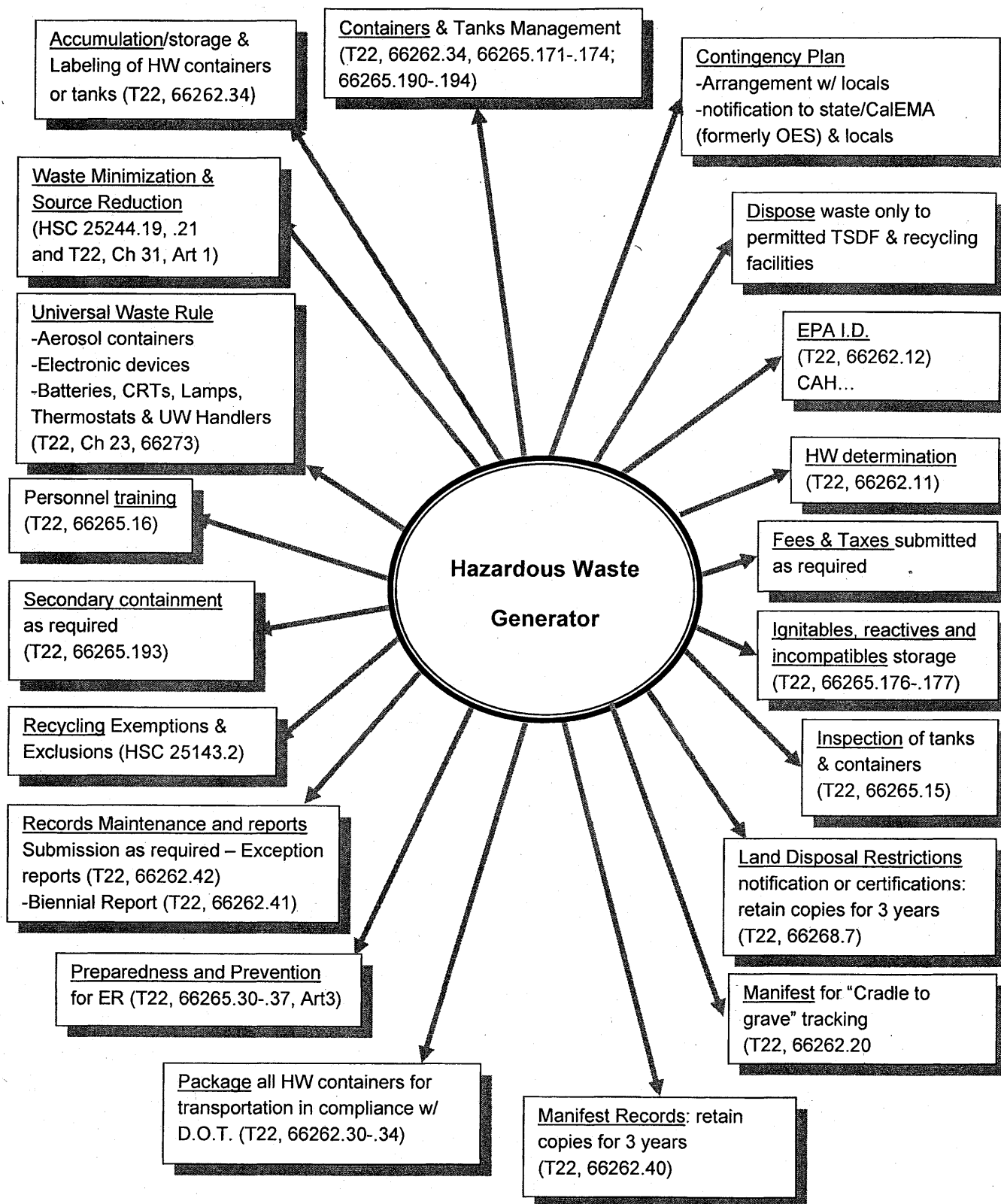
(b) Recyclable hazardous wastes include: latex paint, used oil, used oil filters, antifreeze, spent lead-acid batteries, small dry cell batteries, intact fluorescent lamps, and Intact spent high density discharge lamps

HHW = Household hazardous waste; PBR = Permit-by-rule; CUPA = Certified Unified Program Agency (Local environmental agency)

Household Hazardous Waste (HHW) Management References



Generator Hazardous Waste (HW) Management Requirements





Assisting you through the regulatory maze

SWEETSER & ASSOCIATES, INC.

Memorandum

From: Larry Sweetser, Sweetser & Associates, Inc.
Date: January 15, 2014
RE: HAZWOPER Training Requirements and Applicability

This is an attempt to clarify the Hazardous Waste Operations and Emergency Response (HAZWOPER) training requirements as applicable for household hazardous waste (HHW) programs. Based upon this analysis staff operating in a HHW facility are required to undergo initial 24-hour training with annual 8-hour refreshers.

HAZWOPER training Duration Regulatory Requirements

The regulatory requirements for HAZWOPER training are located in California Code of Regulations, Title 8, Section 5192. There are five specific activities that require HAZWOPER training, HAZWOPER training and HAZWOPER is often a locally imposed training requirement for other job responsibilities such as public works staff. The five assignments that are required by California regulations are:

- (A) Clean-up operations or hazardous substance removal work required by a governmental body, whether Federal, state, local or other involving hazardous substances that are conducted at uncontrolled hazardous waste sites;
- (B) Corrective actions involving hazardous waste clean-up operations at sites covered by the Resource Conservation and Recovery Act of 1976 (RCRA) and Chapters 6.5 and 6.8 of Division 20 of the California Health and Safety Code;
- (C) Voluntary clean-up operations at sites recognized by Federal, state, local or other governmental bodies as uncontrolled hazardous waste sites;
- (D) Operations involving hazardous wastes that are conducted at treatment, storage, and disposal (TSD) facilities [This includes HHW facilities]
- (E) Emergency response operations for releases of, or substantial threats of releases of, hazardous substances without regard to the location of the hazard.

As indicated in the Section 5192 (p) (regulatory references below), Household Hazardous Waste operations (per section (D) TSD requirement) require an initial 24-hour training standard.

Section 5192, (p) Certain Operations Conducted Under the Resource Conservation and Recovery Act of 1976 (RCRA): Employers conducting operations at treatment, storage,

and disposal (TSD) facilities specified in subsection (a)(1)(D) of this section shall provide and implement the programs specified in this subsection. (See the "NOTES AND EXCEPTIONS" to subsection (a)(2)(C) of this section for employers not covered.)

(7) Training program.

(A) New employees: The employer shall develop and implement a training program, which is part of the employer's safety and health program, for employees exposed to health hazards or hazardous substances at TSD operations to enable employees to perform their assigned duties and functions in a safe and healthful manner so as not to endanger themselves or other employees. The initial training shall be for 24 hours and refresher training shall be for eight hours annually. Employees who have received the initial training required by this subsection shall be given a written certificate attesting that they have successfully completed the necessary training.

In addition, federal and state Hazardous Waste Regulations impose similar and different training requirements. It is common to include non-HAZWOPER topics in the HAZWOPER training or consolidate overlapping or other training requirements within the HAZWOPER. Examples of these overlapping requirements are trainings for hazard communication, bloodborne pathogen, and respiratory protection.

HAZWOPER Annual Refresher

An annual refresher is required to maintain compliance with the regulatory standards although OSHA has issued a clarification if the annual refresher is not conducted within the 12 months. The March 12, 1993 letter indicates that if the anniversary date is missed, the employee should "attend the next available refresher course". In some cases, OSHA indicated that even a two year absence "would not necessitate repetition of the course materials of the initial 24-hour or 40-hour training, and refresher training by itself could be sufficient." This is valid even if the worker had not worked in the industry for a period of time.

The threshold for longer than 12 months annual refresher is a case-by-case determination on whether the employee has sufficient previous experience to retain their skills. "Another important factor is the applicability of past course content and work experience to the specific work activities and safety and health issues of hazardous waste sites to which the employee is to be assigned. Employees need not retrain in those training elements for which they can demonstrate competency." This determination can be completed by interviewing the employee to determine retention and competency. This validation is also recommended for employees that have recently undergone training to ensure retention.

HAZWOPER Training Topics

HAZWOPER training is basically a safety requirement for workers handling or supervising hazardous wastes activities. Training is also a requirement under Title 22 for HHW facilities. The required topics under the HAZWOPER standard include:

1. Names of personnel and alternates responsible for site safety and health;
2. Safety, health and other hazards present on the site;
3. Use of PPE;
4. Work practices by which the employee can minimize risks from hazards;
5. Safe use of engineering controls and equipment on the site;
6. Medical surveillance requirements including recognition of symptoms and signs which might indicate overexposure to hazards;
7. Decontamination procedures;
8. An emergency response plan meeting the requirements for safe and effective responses to emergencies, including the necessary PPE and other equipment;
9. Confined space entry procedures; and
10. A spill containment program meeting the requirements.

All of these topics are required to address the types of hazardous situations that the worker undergoing training will encounter. Additional topics can be included as needed to meet the worker's responsibilities.

Applicability of HAZWOPER

Optimally, HAZWOPER training is customized to all of the workers job's safety responsibilities. Mixing different groups is difficult. No one HAZWOPER training will cover all groups completely. Some topics need to be covered more in depth for certain jobs. Any HAZWOPER training is not complete until any site specific criteria trainings are addressed. The lack of site specific training is a common deficit of most HAZWOPER trainings.

Emergency responders need more extensive training like the standard 40-hour HAZWOPER training that examines in depth the use of Level A protection and scenarios like tank car explosions and confined spaces. Household Hazardous Waste programs do not encounter these situations except in some very extreme cases. Household Hazardous Waste (HHW) personnel attending the standard 40-hour HAZWOPER will find that only a portion of the training is appropriate for personnel working in a HHW facility. I would argue that a worker undergoing solely the standard 40-hour HAZWOPER would not be qualified to work in a HHW facility since they do not receive training relevant to their activities.

CUPA staff responsibilities vary. Some also serve as hazardous materials emergency responders that need the full HAZWOPER 40 hour and appropriate refresher training. Other CUPA staffs are solely inspectors that need a familiarity with HAZWOPER topics but are not required under

the regulatory requirements to have the HAZWOPER initial and refresher training but it can provide some essential safety training.

In some cases, different groups can benefit from a combined training provided there are modules that address their specific issues. The table below compares the differences between the training applicability between the HazMat Team and HHW staff. I did not include the CUPA staff since it depends on what is covered under their responsibilities.

Topics	HazMat Team	HHW
Chemical/health hazards	Yes	Yes
Personal protective equipment	All types	Level C & D
Work practices	Job Specific	Job Specific
Engineering controls	Job Specific	Job Specific
Medical surveillance	Extensive since direct contact to major hazards is possible	Required but minimal exposure likely
Decontamination procedures	Major	Minimal
Emergency training	All levels	Incidental
Confined spaces	Essential	Not typically applicable
Spill containment	All levels	Minimal

Site mitigation personnel involved in direct handling of hazardous waste are closer to the higher HazMat level. Site mitigation personnel that monitor site mitigation projects need less rigorous training. Underground tank inspector need a good familiarity with HAZWOPER training topics like PPE, health hazards, and confined spaces.

Obviously, a thorough understanding of the job responsibilities is needed in order to select the most appropriate HAZWOPER Training.

Summary

Proper training is essential to providing workers with information that can provide protection for health and safety and to satisfy regulatory requirements. Training that satisfies these requirements needs to include specific information on the attendees work activities. HHW facility personnel are required to participate in initial 24-hour HAZWOPER training with an annual 8-hour refresher.

TELEPHONE NUMBER (____)____-_____

**PERMIT BY RULE NOTIFICATION FORM FOR
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITIES**

IV. THE FOLLOWING LOCAL AND/OR STATE PERMITS ARE REQUIRED FOR OPERATION OF THE PHHWCF:

	OBTAINED		OBTAINED	
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

V. PROPERTY OWNERSHIP

A. Is the property on which the PHHWCF is located owned by the operator? Yes No
If not, a written agreement between the operator and the property owner is required.

Property Owner's Name _____ Phone (____)____-_____

Contact Person _____

VI. ACCEPTANCE AND MANAGEMENT OF SPECIFIC WASTE TYPES

A. Will your facility accept wastes from conditionally exempt small quantity generators? Yes No

B. Will your facility accept waste from any of the following programs, facilities, or transporters?

1. Curbside household hazardous waste collection program? Yes No
2. Door-to-door household hazardous waste collection program? Yes No
3. Temporary household hazardous waste collection facility? Yes No
4. Recycle-only household hazardous waste facility? Yes No
5. Mobile household hazardous waste collection facility? Yes No
6. Registered HW transporter carrying hazardous waste generated by a CESQG? Yes No
7. Registered HW transporter carrying waste from a loadcheck program? Yes No
8. Registered HW transporter carrying abandoned waste under public agency oversight? Yes No
9. Other? Please explain _____

C. Does your facility categorically exclude any type of waste (e.g. explosives, infectious waste, compressed gas cylinders, etc.)? If so, please list those categories:

D. Will your facility consolidate any of the following wastes?

- | | |
|---|--|
| <input type="checkbox"/> used oil | <input type="checkbox"/> antifreeze |
| <input type="checkbox"/> water-based paint | <input type="checkbox"/> miscellaneous wastes contaminated with solvents |
| <input type="checkbox"/> oil-based paint | <input type="checkbox"/> gasoline |
| <input type="checkbox"/> photographic solutions | |

For DTSC Use Only Region _____

**PERMIT BY RULE NOTIFICATION FORM
FOR PERMANENT HOUSEHOLD
HAZARDOUS WASTE COLLECTION FACILITIES**

Please refer to the attached Instructions before completing this form.

Initial Notification

Revised Notification

I. GENERAL INFORMATION

ID NUMBER: CA _____

FACILITY NAME _____

FACILITY ADDRESS _____

CITY _____ CA ZIP _____ - _____

COUNTY _____

LOCATION (Description) _____

(Latitude & Longitude) _____

II. OPERATOR (PUBLIC AGENCY)

NAME _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____ - _____

CONTACT PERSON _____
(Last Name) (First Name)

TELEPHONE NUMBER (____) _____ - _____

III. CONTRACTOR INFORMATION (if applicable)

NAME _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____ - _____

CONTACT PERSON _____
(Last Name) (First Name)

- solvents
- roofing tar
- caulking/patching compounds
- adhesives

**PERMIT BY RULE NOTIFICATION FORM FOR
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITIES**

VII. WASTE VOLUME

A. Please indicate the approximate total volume of hazardous waste brought to the facility in an average month.

_____ Gallons or _____ Pounds

B. What is the capacity of the container storage area (i.e., drums, roll off bins, etc.) at the facility?

1. Individual storage area total capacity _____ gallons/pounds
2. Individual storage area total capacity _____ gallons/pounds
3. Individual storage area total capacity _____ gallons/pounds
4. Individual storage area total capacity _____ gallons/pounds
5. Individual storage area total capacity _____ gallons/pounds
6. Individual storage area total capacity _____ gallons/pounds

What is the total number of tank storage areas? _____

1. Individual tank volume _____ gallons. Waste stored _____
2. Individual tank volume _____ gallons. Waste stored _____
3. Individual tank volume _____ gallons. Waste stored _____
4. Individual tank volume _____ gallons. Waste stored _____

VIII. DAYS/HOURS OF OPERATION

On the average, how many days each month is the facility open to accept wastes?

_____ Days per month

What are the hours of operation on the days that the facility accepts wastes from households and CESQGs?

Example: Facility accepts CESQG wastes from 0900-1300 on the first Friday of each month and accepts household wastes Monday through Thursday of each week from 1000-1600

**PERMIT BY RULE NOTIFICATION FORM FOR
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITIES**

X. REQUIRED ATTACHMENTS

- A. A plot plan of the facility
- B. Certification of financial responsibility for closure
- C. Copy of a written agreement between the property owner and facility operator allowing operation of the PHHWCF (if applicable)

XI. OPERATOR CERTIFICATION (PUBLIC AGENCY)

"I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the permit by rule tier. I understand that I am required to provide financial assurance for the costs of closing this facility. I also understand that I am required to file a Phase I Environmental Assessment at a later date as part of the permit by rule application."

"I certify under penalty of perjury under the laws of the State of California that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Name (Print or Type)	Title
----------------------	-------

Signature (Principal executive officer or ranking elected official), CCR, Title 22, Section 66270.11.	Date Signed
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**INSTRUCTIONS FOR COMPLETING
PERMANENT HOUSEHOLD HAZARDOUS WASTE
COLLECTION FACILITY PERMIT BY RULE NOTIFICATION
FOR PROPOSED FACILITIES
FORM DTSC 1094B**

For use by public agencies proposing to operate a permanent household hazardous waste collection facility (PHHWCF).

**EACH SECTION OF THIS FORM MUST BE COMPLETED.
INCOMPLETE FORMS WILL NOT BE PROCESSED.**

Please check at the top of the form whether this is an initial or a revised notification. If this is a revision to an existing notification, place an asterisk (*) in the left margin next to the revised information. The notification must be revised whenever there is a significant change to the information required in this notification.

Please enter the name of the facility and the facility identification number at the top of each page.

I. GENERAL INFORMATION

ID NUMBER:

Enter your facility's 12-character California identification number. This number will begin with the letters "CAH". If you don't know your identification number or do not have an identification number, please contact the Department of Toxic Substances Control (DTSC) Manifest Unit at (916) 324-1781. The Manifest Unit will provide you with your number or send you an application form (Notification of Regulated Waste Activity (EPA Form 8700-12)).

FACILITY NAME:

Enter the name of the permanent household hazardous waste collection facility.

ADDRESS:

Enter the physical address of the collection facility.

LOCATION:

Describe how to locate or get to the facility. If the facility lacks a street name, give the most accurate alternative geographic information (e.g. section number or quarter section number from county records or at intersection of Rts. 425 and 22). Also enter the latitude and longitude of the facility in degrees, minutes and seconds. You may use the map you provide for Item K to determine latitude and longitude. Latitude and longitude information is also available from Regional Offices of the U.S. Department of Interior, Geological Survey and from State Natural Resource Agencies.

II. OPERATOR (PUBLIC AGENCY)

NAME:

Enter the name of the public agency that will be the legal operator of the PHHWCF.

ADDRESS:

Enter the mailing address of the public agency.

CONTACT PERSON:

C. WRITTEN AGREEMENT BETWEEN PROPERTY OWNER AND FACILITY OPERATOR:

Please submit a signed agreement by the property owner acknowledging and allowing the operation of the facility if the property owner is different from the legal operator (Public Agency).

XI. OPERATOR CERTIFICATION

This section must be completed by a chief executive officer or elected official of the public agency operating the PHHWCF, as specified in Title 22, CCR, section 66270.11. Each copy submitted must have an original signature.

INSTRUCTIONS FOR SUBMITTAL OF NOTIFICATION

After completing the form, retain one copy for your records. Additionally, the owner of a PHHWCF shall submit, in person or by certified mail with return receipt requested, a DTSC Form 1094B (11/08) with original signature to CUPA or authorized agency. Submit another copy with original signature to the Department address given below:

Department of Toxic Substances Control
Consumer Products Section
Office of Pollution Prevention and Green Technology
P.O. Box 806, 11th floor
Sacramento, California 95812-0806

Enter the name of a contact person (last name first) in the public agency who is knowledgeable about the notification and the PHHWCF.

TELEPHONE:

Enter the area code and telephone number of the contact person.

III. CONTRACTOR INFORMATION (IF APPLICABLE):

Complete this item only if the operator has contracted with another entity (e.g. private contractor) to do the actual management of the PHHWCF.

NAME:

Enter the name of the contractor company.

ADDRESS:

Enter the mailing address of the contractor company.

CONTACT PERSON:

Enter the name of a contact person (last name first) in the contractor company who is knowledgeable about the operation of the PHHWCF.

TELEPHONE NUMBER:

Enter the telephone number of the contact person.

IV. LOCAL AND STATE PERMITS REQUIRED FOR THE OPERATION OF FACILITY

List all local and state permits required for the operation of the facility. If no permits are required, state "no (local/state) permits are required" on the form. Please indicate whether the required permits have been obtained.

V. PROPERTY OWNERSHIP

PROPERTY:

Please indicate the legal ownership of the property on which the PHHWCF will be located. If applicable, include the property owner's name and telephone number. Note that if the property owner and the facility operator are different entities, a written agreement must exist between the property owner and the PHHWCF operator allowing operation of the facility.

VI. ACCEPTANCE OF AND MANAGEMENT OF SPECIFIC WASTE TYPES

WASTE FROM CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS:

Indicate whether the PHHWCF will accept wastes from conditionally exempt small quantity generators as defined by Health and Safety Code section 25218.

NON-ACCEPTANCE OF CERTAIN WASTES:

Please indicate if the PHHWCF will categorically exclude any certain types of waste. Use descriptive terms such as "compressed gas cylinders larger than 20 pounds".

CONSOLIDATION OF RECYCLABLES:

Please indicate which recyclable wastes will be consolidated at the PHHWCF.

VII. WASTE VOLUME

VOLUME COLLECTED:

Please indicate the approximate total volume of hazardous wastes you estimate will be brought to the PHHWCF in an average month. Please indicate this figure in either gallons or pounds.

STORAGE CAPACITY:

Please indicate the total capacity of each separate container storage area and specify gallons or pounds. A storage area would usually be a bermed area with an impervious base or some other type of secondary containment. Then for individual tanks, please indicate the maximum capacity of the tank and the type of waste which is stored in that tank.

VIII. DAYS AND HOURS OF OPERATION

Enter the average number of days per month during which the PHHWCF will accept wastes. Indicate also the hours the PHHWCF will be in operation on the days waste is being accepted. Show the hours using a 24-hour clock (for example: 8 am should be shown as 0800 and 1 pm should be shown as 1300).

IX. FACILITY DESCRIPTION

Please provide a detailed description of the physical components of the facility in enough detail that a person not familiar with the facility would be able to enter the facility and be able to understand the facility design. Include fencing, gates, traffic flow, waste removal area, waste sorting areas, and waste storage areas, etc.

X. REQUIRED ATTACHMENTS

A. FACILITY PLOT PLAN:

Each facility must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit on an 8½" by 11" sheet of paper. This drawing should show the following:

1. Map scale and date.
2. The property boundaries of the facility.
3. Wind rose orientation.
4. The areas occupied by all storage and treatment units that will be used during operation of the PHHWCF.
5. The name and location of each operation area (Example: used oil storage tank, consolidation area, etc.).
6. The approximate dimensions of the property boundaries and each storage and treatment area.
7. Security provisions (fencing, gates, etc.).
8. Internal roads; on and off site traffic flow.

B. CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR CLOSURE:

Attach certification required by Title 22, CCR, section 67450.30(b).

CERTIFICATE OF SELF-INSURANCE

FINANCIAL ASSURANCE FOR COST OF CLOSURE

**TO BE USED BY PUBLIC AGENCIES OPERATING PERMANENT HOUSEHOLD HAZARDOUS WASTE
COLLECTION FACILITIES**

(If additional space is needed, add attachments)

Public Agency:	Address:
Public Agency Official:	Address: (if different from above)

This Agreement demonstrates financial assurance for the following cost estimate(s) for the Permanent Household Hazardous Waste Collection Facility(ies) listed below:

<u>Facility Name</u>	<u>Address</u>	<u>ID Number</u>	Closure Cost Estimate: \$ Date of Estimate:
			Closure Cost Estimate: \$ Date of Adjustment:
			Closure Cost Estimate: \$ Date of Adjustment:
			Closure Cost Estimate: \$ Date of Adjustment:

CERTIFICATE OF SELF-INSURANCE**FINANCIAL ASSURANCE FOR COST OF CLOSURE****CERTIFICATION:**

1. Upon request by the Certified Unified Program Agency (CUPA), the public agency agrees to furnish the CUPA any documents pertinent to this coverage.
2. Termination of this coverage will be effective only upon written notice, sent by certified mail, and only after the expiration of 60 days after a copy of such written notice is received by the CUPA as evidenced by the return receipts.
3. The public agency official named below hereby certifies that funds shall be available to close the facility listed named on this form whenever final closure occurs. The public agency also certifies that once final closure begins, the public agency shall be responsible for paying out funds, up to an amount equal to the full amount of the most recent closure cost estimate, upon direction from the CUPA, to such party(ies) as the CUPA specifies.

Public Agency Official:	Title:
Typed or Printed name of Person Signing:	Date:

PRIVACY STATEMENT

This information is requested by the Certified Unified Program Agency under Health and Safety Code Section 25245 in order to verify adequate financial assurance for household hazardous waste collection facilities. Completion of the form is mandatory. The consequence of not completing the form is denial of a permit to operate a household hazardous waste collection facility. Information may be provided to U.S. Environmental Protection Agency(EPA, State Attorney General, Air Resources Board, California Integrated Waste Management Board, Energy Resources Conservation and Development Commission, Water Resources Control Board, Department of Toxic Substances Control, and California Regional Water Quality Control Boards. For more information or access to your records, contact the Certified Unified Planning Agency.

**TEMPORARY HOUSEHOLD HAZARDOUS WASTE
COLLECTION FACILITY
PERMIT BY RULE NOTIFICATION**

For use by public agencies operating a Temporary Household Hazardous Waste Collection Facility (THHWCF) under Permit By Rule. Each location requires a separate form.

INITIAL NOTIFICATION

REVISED NOTIFICATION Put an asterisk in the left margin next to the revised information

I. GENERAL INFORMATION

A. FACILITY ID NUMBER _____

B. FACILITY NAME _____

C. FACILITY ADDRESS OR LEGAL DESCRIPTION OF FACILITY LOCATION

ADDRESS _____

CITY _____ STATE ____ ZIP _____

COUNTY _____

D. OPERATOR (PUBLIC AGENCY)

AGENCY NAME _____

MAILING ADDRESS _____

CITY _____ STATE ____ ZIP _____

COUNTY _____

E. OPERATOR/AGENCY CONTACT PERSON INFORMATION

CONTACT PERSON _____
(LAST NAME) (FIRST NAME)

PHONE NUMBER _____

**TEMPORARY HOUSEHOLD HAZARDOUS WASTE
COLLECTION FACILITY
PERMIT BY RULE NOTIFICATION**

F. CONTRACTOR INFORMATION (if applicable)

NAME _____

MAILING ADDRESS _____

CITY _____ STATE ____ ZIP _____

G. CONTRACTOR CONTACT PERSON INFORMATION (if applicable)

CONTACT PERSON _____
(LAST NAME) (FIRST NAME)

PHONE NUMBER _____

H. ACCEPTANCE OF CESQG WASTES

YES NO

Will your facility accept wastes from conditionally exempt small quantity generators?

I. THE FOLLOWING LOCAL AUTHORITIES HAVE BEEN NOTIFIED OF THE INTENDED OPERATION OF THE THHWCF:

Environmental Management

Fire Department

Law Enforcement

Traffic

Air Quality

J. THE FOLLOWING LOCAL PERMITS HAVE BEEN OBTAINED FOR OPERATION OF THE THHWCF:

**TEMPORARY HOUSEHOLD HAZARDOUS WASTE
COLLECTION FACILITY
PERMIT BY RULE NOTIFICATION**

K. IS THE PROPERTY ON WHICH THE THHWCF WILL BE HELD OWNED BY THE OPERATOR

YES NO

If not, a written agreement between the operator and the property owner is required.

PROPERTY OWNER'S NAME _____

CONTACT PERSON _____
(LAST NAME) (FIRST NAME)

PHONE NUMBER _____

II. DAYS AND HOURS OF OPERATION

Show hours using a 24-hour clock. *Example: 1pm should be shown as 1300.*

PLANNED DATES		HOURS		ALTERNATIVE DATES		HOURS	
Month/Day/Year	Open	Close	Month/Day/Year	Open	Close	Month/Day/Year	Close
Example: ____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	____/____/____	_____	_____	_____	_____

**TEMPORARY HOUSEHOLD HAZARDOUS WASTE
COLLECTION FACILITY
PERMIT BY RULE NOTIFICATION**

III. OPERATOR CERTIFICATION (PUBLIC AGENCY)

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Operator Name (Print or Type)

Title

Signature (Principal executive officer or ranking elected
Official), Title 22, Cal. Code Regs., section 66270.11 (a) (3)

Date Signed

Submit original notification to your Certified Unified Program Agency (CUPA)

Mail copy to DTSC:

**Department of Toxic Substances Control, Regulatory and Program Development
Division – HHW Unit, P.O. Box 806, 11th floor, Sacramento, California 95812-0806**

**COLLECTION FACILITY NOTIFICATION
FOR
"RECYCLE-ONLY" HOUSEHOLD HAZARDOUS WASTE**

(check all the apply)

INITIAL NOTIFICATION

REVISED NOTIFICATION. Place and asterisk in the left margin next to the revised information

ONE TIME EVENT

CONTINUOUS OPERATIONS

1. FACILITY INFORMATION

A. FACILITY NAME _____

B. ADDRESS _____

C. CITY _____ STATE _____ ZIP CODE _____

D. COUNTY _____ FACILITY EPA ID NUMBER: _____

2. FACILITY OPERATION INFORMATION

A. DATE(S) FACILITY WILL OPERATE or BEGIN OPERATIONS _____

B. CHECK DAY(S) OF OPERATION M T W TH F SAT SUN

C. HOURS OF COLLECTION _____

D. ADDITIONAL COLLECTION INFORMATION _____

3. CONTACT PERSON

A. NAME _____

B. AGENCY _____ PHONE NUMBER _____

4. WASTE COLLECTED (CHECK ALL WASTES ACCEPTED AT THIS FACILITY)

Lead acid batteries Small household batteries Latex paint

Used oil Used oil filters Antifreeze

Intact spent Fluorescent lamps Intact spent High Intensity Lamps Universal Waste

I certify that the household hazardous waste collection facility listed above will be operated in accordance with Health & Safety Code, Division 20, Article 10.8, Section 25218.8 and with any other requirements that may be imposed by the California Department of Toxic Substances Control by regulation.

Sponsoring Public Agency

Public Agency Address

Print Name and Title

Signature

Date

Submit original notification to your Certified Unified Program Agency (CUPA)

Mail copy to DTSC:

**Department of Toxic Substances Control, Regulatory and Program Development
Division – HHW Unit, P.O. Box 806, 11th floor, Sacramento, California 95812-0806**

TIERED PERMITTING PHASE I ENVIRONMENTAL ASSESSMENT CHECKLIST**SECTION I: FACILITY INFORMATION**

Instructions: Complete the following descriptive information about your facility. This information accurately describes the location of your facility and establishes mailing and phone contacts. If facility location and mailing address are identical, you may put "same" into facility mailing address spaces.

Type of Permit: Permit by Rule _____ Conditional Authorization _____

1. CURRENT FACILITY NAME:

PAST NAMES (Attach additional pages if necessary):

2. EPA I.D. NUMBER:

3. NAME OF FACILITY OWNER (see definition of owner):

4. NAME OF FACILITY OPERATOR:

5. NAME OF PROPERTY OWNER:

6. FACILITY LOCATION ADDRESS:

STREET:

CITY:

COUNTY:

STATE:

ZIP CODE:

7. FACILITY MAILING ADDRESS (if different from FACILITY LOCATION ADDRESS):

STREET:

CITY:

STATE:

ZIP CODE:

8. FACILITY TELEPHONE NUMBER:

9. FACILITY FAX NUMBER:

10. NAME OF FACILITY CONTACT PERSON:

11. TITLE OF FACILITY CONTACT PERSON:

12. PHONE NUMBER OF FACILITY CONTACT PERSON:

TIERED PERMITTING PHASE I ENVIRONMENTAL ASSESSMENT CHECKLIST

13. ADDRESS OF FACILITY CONTACT PERSON:	
STREET:	
CITY:	
STATE:	ZIP CODE:

SECTION II: FACILITY HISTORY		YES	NO
Instructions: Complete this section regarding facility history based on reasonably available knowledge of the facility. This section will determine if past operating practices and significant historical events that occurred at the facility indicate potential areas of contamination. Current and past employees who know about the facility's past operating practices can be an asset in completing this section of the checklist. Yes answers to these questions mean that careful attention must be paid to these areas and considerations when completing the facility walk-through inspection.			
1.	Has an environmental assessment and/or a site investigation report ever been completed for the facility? If this assessment meets the criteria for substituting for this checklist (see Instructions), use the Signature and Certification Page to record this exemption. You need not release confidential assessments. However, if these reports indicate existing or potential contamination, you must use the information relied on by the confidential report to help reach a conclusion in this assessment.		
2.	To your knowledge, have areas of the facility that contain hazardous materials ever been flooded?		
3.	To your knowledge, has the facility ever been damaged by an earthquake that could cause contamination?		
4.	To your knowledge, has the location for the facility ever been used for industrial purposes prior to its current use? If YES, then consider potential contamination from the type of industry that the location was formerly used for.		
5.	To your knowledge, has there been any disposing of hazardous chemicals or hazardous wastes in, on, or under the property?		
6.	To your knowledge, has the facility ever had electrical transformers, capacitors, or hydraulic equipment including, but not limited to elevators and auto lifts, at the facility which may have released PCBs or oil to the environment? (Not including small quantities of fluorescent light ballasts and capacitors if these materials were not disposed of or dismantled at the facility) If YES, was the equipment ever tested for the presence of PCBs?		
7.	To your knowledge, has testing of any groundwater wells on the property ever revealed possible contamination?		
8.	Do you have in your possession, or do you know of the existence of any photographs, geophysical reports, analytical test data, and/or air sampling data that indicates the possible presence of hazardous materials and/or waste in unwarranted or unexpected areas of the facility?		
9.	To your knowledge, has the facility ever had liquid/sludge containment area(s), surface impoundment(s), collection pond(s), and/or lagoon(s)?		

TIERED PERMITTING PHASE I ENVIRONMENTAL ASSESSMENT CHECKLIST

10.	To your knowledge, have land-farming or bioremediation been used at the facility?		
11.	To your knowledge, has the facility ever burned hazardous wastes, unidentified waste materials, tires, or automotive batteries at the facility?		
12.	To your knowledge, have ash and/or combustion residuals been disposed of at the facility?		
13.	To your knowledge, have any underground storage tank(s) been removed, abandoned, or taken out of service from the facility? Tanks removed, abandoned, or taken out of service under the oversight of a responsible agency need not be considered if the agency addressed potential contamination at the tank location.		
14.	To your knowledge, has any contaminated soil been discovered and/or remediated at the facility without oversight by an appropriate regulatory agency?		
15.	To your knowledge, have there been fires and/or explosions at the facility which may have caused a release of hazardous waste or materials?		
16.	To your knowledge, has the facility ever received complaints from any employees, neighbors, or the public about the facility's practices for managing hazardous wastes, or any actual or potential releases to air, water, or soil, or other environmental issues?		
17.	To your knowledge, have nearby residents complained to a governmental agency of any type of illnesses or unusual illnesses as having been caused or suspectedly caused by or related to activities at the facility? (Note: this item does not require questioning the facility's neighbors) If YES, indicate below the person and/or agency who recorded the complaint. _____		
	If YES, to your knowledge, has any evidence been submitted to a physician to substantiate the claim?		
18.	To your knowledge, are there any areas at the facility which were formerly used for hazardous waste or hazardous materials transfer (e.g. tank loading areas, drum transfer areas)?		
19.	To your knowledge, are there, or have there been lawsuits or administrative proceedings concerning an actual, alleged, or threatened release of any hazardous substance against the facility by another party? Only actions concluded by settlement or litigation need be considered.		

TIERED PERMITTING PHASE I ENVIRONMENTAL ASSESSMENT CHECKLIST

SECTION IV: FACILITY WALK-THROUGH INSPECTION - OTHER AREAS

Instructions: This section of the checklist requires the owner and/or operator of the facility to conduct a walk-through inspection of the those portions of the facility not addressed in Section III in order to identify possible environmental problems, environmental warning signs or potential exposure to people, animals, or plants. Some of the problems that may be discovered during this inspection include abandoned storage tanks, spill areas, surface impoundments, etc. Some of the environmental warning signs include stains, discolored vegetation, and/or unnatural terrain. During the inspection, were any of the following present:

		YES	NO
1.	Does the facility have vent pipes, fill pipes, and/or access routes that may indicate the presence of an underground storage tank?		
2.	Does the facility have stains and/or discolorations of the soil, flooring, drains and/or walls at the facility which may indicate a release to the environment that has not or is not being addressed under the oversight of an appropriate agency?		
3.	Does the facility have areas of soil at the facility that appear disturbed and which may indicate onsite disposal or land treatment of hazardous materials or remediation of releases without oversight by an appropriate agency?		
4.	Does the facility have areas at the facility where the terrain appears unnatural, such as unexplained mounds or depressions?		
5.	Does the facility have unusual smells or odors emanating from the soil, floor, drains, and/or walls at the facility?		
6.	Does the facility have dead, abnormal, or distressed-looking vegetation or conspicuous absence of vegetation at the facility that is not directly explainable by a deliberate action and/or lack of water at the site?		
7.	<p>Where does rain and/or washwater drain to at the facility? (circle all that apply) Note: slightly contaminated storm or washwater can seriously contaminate evaporation or settling areas (with no drainage) over a period of time.</p> <p>a. Storm Drain d. Open Land b. Sewer e. Areas of pooling, settling, or evaporation c. Drainage Ditch f. Other _____</p>		

TIERED PERMITTING PHASE I ENVIRONMENTAL ASSESSMENT CHECKLIST

AREA OF CONCERN DATASHEET	
<p>Instructions: Complete the following questions in detail for EACH release or suspected release identified in <u>Section III FACILITY WALK-THROUGH INSPECTION - SPECIFIC AREAS</u> or <u>SECTION IV FACILITY WALK-THROUGH INSPECTION - OTHER AREAS</u> and any other known or suspected releases. Do not include areas that have been or are being remediated under the oversight of an appropriate agency.</p> <p>If answers to questions are not known, then state "unknown".</p>	
1.	Facility name:
2.	<p>This sheet is being completed for a:</p> <p>Known release _____ Suspected release _____</p>
3.	<p>How was this release or suspected release discovered?</p> <p>During the walk-through inspection? _____ Previously known release? _____</p> <p>What checklist question(s) are related to this release (section/question) _____</p>
4.	When did the release occur?
5.	What was released and how much?
6.	What caused the release?
7.	Indicate the approximate area of the release (e.g. 3 feet in diameter, 5 feet X 4 feet.)
8.	Was the release remediated? If YES, explain how. (Note: A datasheet need not be completed for releases remediated or being remediated under the oversight of an appropriate agency.
9.	Were samples collected? If yes, what were the results?
10.	<p>List any environmental reports or studies performed on the area of concern and attach copies or summaries of the reports not submitted to the Department.</p> <p style="padding-left: 40px;">Name of preparer:</p> <p style="padding-left: 40px;">Title of preparer:</p> <p style="padding-left: 40px;">Date:</p>

Household Hazardous Waste Training Matrix



























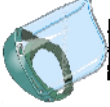
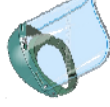
DRAFT

Topic/Job Function- Activity	Hours	Frequency														
		Receiving	Packaging	Bulking	Unknowns	ABQP Program	Aboveground tank	UST	Emergency Responder	CRT Handling/Dissasem by	Forklift Operator	Asbestos - Frable	Asbestos - Nonfrable	Air compressor	Radation Safety	Medical waste
40-hour (Title 8, Section 5192)	40 (R)	I & A														
24-hour (Title 8, Section 5192)	24 (R)	I & A														
8-hour (Title 8, Section 5192)	8 (R)	I & A														
DOT 49CFR 172.704	2-8	I +3 years														
Respiratory Protection	1	I & A														
Hearing Conservation	1	A														
First aid	2	P														
CPR	2	P														
Fire Extinguisher	1	I & A														
PPE	1-4	I & A														
ER awareness	1-4	I & A														
ER Level 1	8	A														
ER level 2	8	A														
SPCC (>1,320 gal)	1	I & A														
Lead	1	I & A														
CRT	0.5	I & A														
Bloodborne Pathogen	0.5-8	I & A														
Forklift	4	I & A														
Hazcom	1	I & A														
Asbestos	1	I & A														
IIPP	2	I & A														
Lock-out/Tag-out	0.5	I & A														
Ergonomics	1	P														

A = Annual and Initial
 I = Initial
 P = Periodic, as needed

Other Potential Trainings:
 Accident investigation; electrical safety; emergency action/response plans; lab safety; bonding and grounding; tool safety; machine guard training; fall protection; safety inspections.

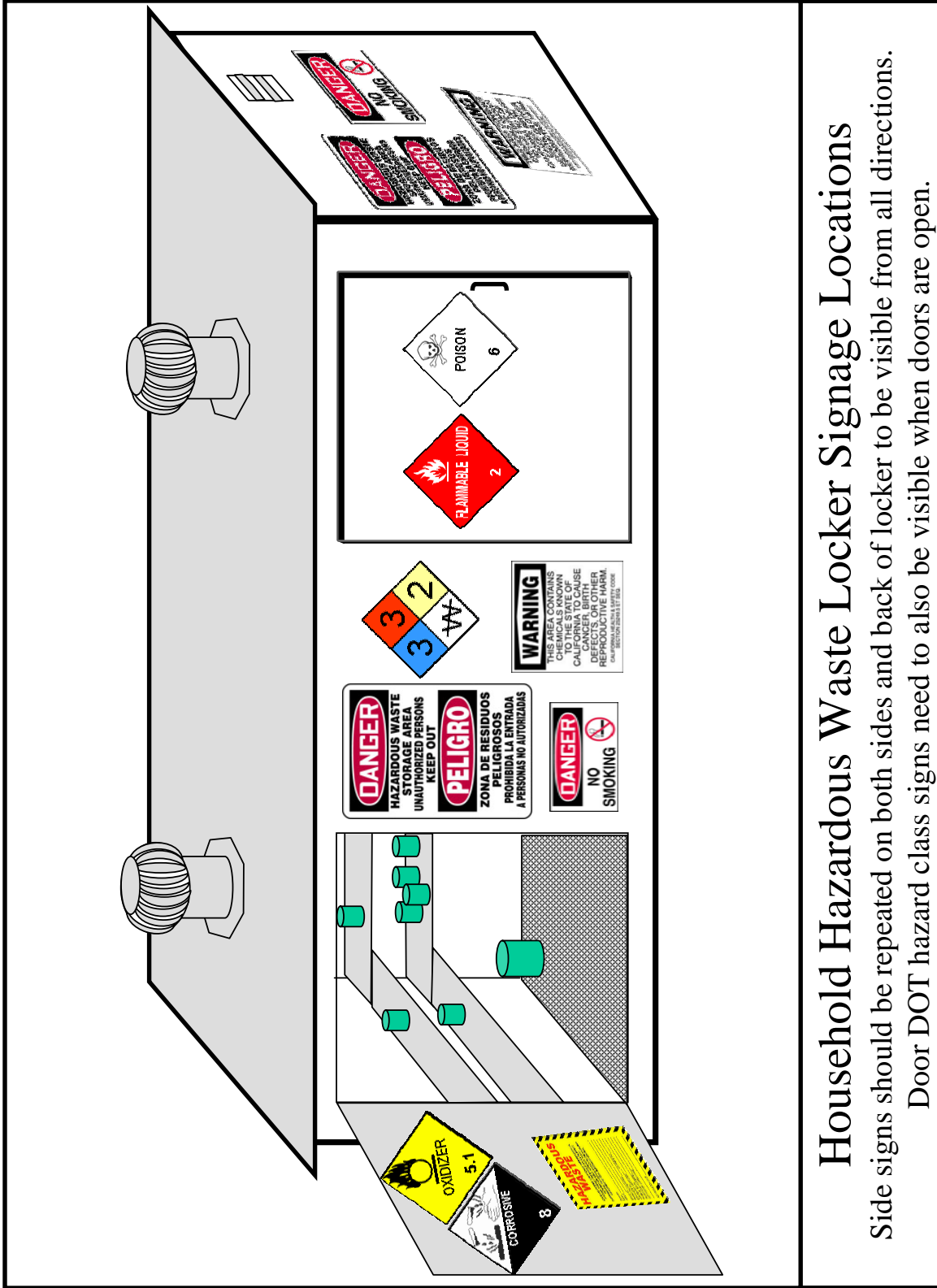
Household Hazardous Waste Facility Personal Protective Equipment

Activity	Visitors	Load Checking	Receiving	Packaging	Bulking	Bulking Solvents	Shipment
Eye Protection							
Hand							
Foot							
Respiratory							
Clothing							
Head/Face Protection							



ANSI Approved Safety Glasses other suitable glasses
 Nitrile Gloves or other suitable gloves
 Leather work gloves
 Work boots, steel toe and sole
 ANSI Approved Hardhat, as needed
 Tyvek coveralls or apron
 Coated coveralls
 Respirator, half face
 Face shield

These recommendations are considered guidelines. Administrative or engineering controls should be implemented, if possible, before using personal protective equipment. Actual situations or handling of certain wastes may require different personal protection equipment.



Household Hazardous Waste Locker Signage Locations

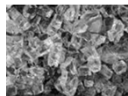
Side signs should be repeated on both sides and back of locker to be visible from all directions.

Door DOT hazard class signs need to also be visible when doors are open.

Name: _____

Address: _____

Universal Waste-

 Battery(ies) CRT(s) CRT Glass Electronic Device(s) Lamp(s) Mercury-containing Equipment**Accumulation Date:** _____

CAUTION

Name: _____

Address: _____

Hazardous Waste**Batteries, Wet****Filled with Acid****UN27494****Accumulation Date:** _____

Name: _____

Address: _____

**Universal Waste —
Electronic Device(s)**

Accumulation Date: _____

Name: _____

Address: _____

**Universal Waste —
Battery(ies)**

Accumulation Date: _____

Name: _____

Address: _____

**Universal Waste —
Lamp(s)**

Accumulation Date: _____

Name: _____

Address: _____

Used Oil – Hazardous Waste

Accumulation Date: _____

Name: _____

Address: _____

Drained Used Oil Filters

Accumulation Date: _____

Name: _____

Address: _____

Used Oil and Gasoline Filters

Accumulation Date: _____

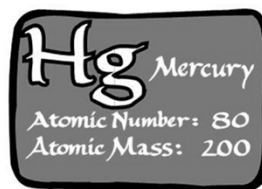
Name: _____
Address: _____



Universal Waste – Lamp(s).
“accidentally broken”.

Accumulation Date: _____

Contains Mercury



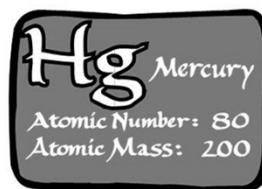
Name: _____
Address: _____



Universal Waste – Lamp(s).
“accidentally broken”.

Accumulation Date: _____

Contains Mercury



**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

Collection Facility Name: _____ EPA ID #: CAH _____

Collection Facility Address: _____

City: _____ Zip Code: _____

Sponsor Agency: _____

Sponsor Agency Contact Person: _____ Phone: _____

Contractor Name: _____

Contractor Contact Person: _____ Phone: _____

Date Inspected: _____ Inspection Agency: _____

Lead Inspector: _____ Phone: _____

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E. WALK THROUGH OBSERVATIONS.....	7
F. WASTE HANDLING PROCEDURES	9
G. VARIANCES GRANTED	10

**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

NOTE: Violations cited below are from California Health and Safety Code (HSC), sections 25100 et seq. and Title 22, California Code of Regulations (Cal. Code Regs.), section 67450.25 that includes requirements from Chapter 12 (use applicable portions of the Generator Checklist), Chapter 15, Articles 2 through 7, 9 and 10 (use applicable portions of the ISD checklist), in addition to the following requirements:

CHECKLIST ELEMENT	YES	NO	COMMENT
A. SUBMITTALS: Has the following document been submitted by the operator (sponsor agency) of the PHHWCF?			
1. PHHWCF Permit by Rule Notification form (DTSC 1094B) (11/08) to CUPA/ or DTSC (if no CUPA). [Title 22, Cal. Code Regs., section 66270.60(d)(6)(A)]	___	___	_____
3. PHHWCF has developed/maintained/implemented operational procedures to be followed whenever the PHHWCF meets or exceeds its maximum storage capacity. [Title 22, Cal. Code Regs, section 67450.25(a)(3)(A)].	___	___	_____
4. PHHWCF only accepts approved classifications of waste: [HSC 25218.1(f) & 25218.3]			
a. household hazardous waste;	___	___	_____
b. hazardous waste that is generated by CESQG.	___	___	_____
B. CONTAINMENT:			
5. Container transfer and storage area has a containment system that is designed and operated to contain a 24-hour, 25-year storm plus 10% of the aggregate volume of all containers or the volume of the largest container, whichever is greater. [Title 22, Cal. Code Regs., sections 67450.25 (a)(1) and 66264.175(b)(3)]	___	___	_____
6. The base underlying the containers in the receiving*, handling and storage areas is free of cracks or gaps and is impervious to the wastes. [Title 22, Cal. Code Regs., sections 67450.25(a)(4)(A) and 66264.175(b)(1)]	___	___	_____
*Tables and carts on which wastes are placed are considered the receiving area.			
7. The containment system is designed and operated to protect the containers from contact with accumulated liquids. [Title 22, Cal. Code Regs., sections 67450.25(a)(1) and 66264.175(b)(2)]	___	___	_____

**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

	YES	NO	COMMENT
8. Run-on into the containment system is prevented. [Title 22, Cal. Code Regs., sections 67450.25(a)(1) and 66264.175(b)(4)]	—	—	_____
9. Spilled or leaked waste and accumulated precipitation is removed in a timely manner as is necessary to prevent overflow of the collection system. [Title 22, Cal. Code Regs., sections 67450.25(a)(1) and 66264.175(b)(5)]	—	—	_____
10. a. The operator has submitted to CUPA /or DTSC (if no CUPA) a written statement signed by an independent, qualified professional engineer, registered in California, indicating that the containment system is suitably designed. [Title 22, Cal. Code Regs., section 66264.175(c)]	—	—	_____
or			
b. A engineering certification as required by Title 22, Cal. Code Regs., section 66274.175(c) shall be provided by a manufacturer, an independent professional engineer registered in the state of California or professional engineer employed by the local government entity from a different division or agency than the operator. [Title 22, Cal. Code Regs., section 67450.25(a)(1)(A)]	—	—	_____
C. DOCUMENTATION REQUIREMENTS: Does the PHHWCF have the following documents at the facility?			
11. a. Receipt or proof of mailing notification to CUPA/ or DTSC (if no CUPA). [Title 22, Cal. Code Regs., sections 66270.60(d)(6)(A) and 67450.25(a)(3)]	—	—	_____
b. CUPA/ or DTSC's (if no CUPA) Acknowledgement & or Authorization letter. [Title 22, Cal. Code Regs., sections 66270.60(d)(6)(B) and 67450.25(a)(3)]	—	—	_____
12. A written waste analysis plan (WAP) describing the procedures to characterize unidentified wastes received at the facility into federal DOT hazard classes (operator may use HAZCAT). [Title 22, Cal. Code Regs., section 67450.25(a)(2)(A)]	—	—	_____

**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

YES NO COMMENT

An operation plan with the following information:

- | | | | | |
|-----|---|-------|-------|-------|
| 13. | The PHHWCF is complying with Chapter 15, Article 8 (Financial Assurance) (DTSC Form 1220), except that the coverage to be maintained is in accordance with Title 22, Cal. Code Regs., section 67450.30.** | _____ | _____ | _____ |
|-----|---|-------|-------|-------|

**Financial Assurance for closure exemptions:

PHHWCF is operated no more than 30 days per year:
Submit a certification to DTSC with a statement why facility is exempt.

Estimated closure cost is less than \$10,000: Submit a certification to CUPA or DTSC (if no CUPA) with a statement why facility is exempt and adjust closure cost estimate annually for closure plan changes and national inflation index.

- | | | | | |
|-----|--|-------|-------|-------|
| 14. | Phase I environmental assessment due to DTSC within one year of commencing operation.
[HSC, section 25200.14; and Title 22, Cal. Code Regs., sections 66270.60(d)(B)(6) and 67450.25(a)(5)] | _____ | _____ | _____ |
| 15. | PHHWCF closure plan and post closure. [Title 22, Cal. Code Regs., sections 67450.25(a)(2)(E) and 66265.110-66265.115] | _____ | _____ | _____ |
| 16. | Site supervisor name(s). [Title 22, Cal. Code Regs., sections and 67450.25(a)(3)(B) 67450.4(b)(6)] | _____ | _____ | _____ |
| 17. | Description of operating procedure in the event of inclement weather. [Title 22, Cal. Code Regs., sections 67450.25(a)(3)(B) and 67450.4(b)(8)] | _____ | _____ | _____ |
| 18. | Contingency plan which describes the following:
[Title 22, Cal. Code Regs., sections 67450.25(a)(2)(C) and 66265.52 & 66265.56 EXCEPT 66265.53(b)] | | | |
| | a. actions to take | _____ | _____ | _____ |
| | b. local arrangements | _____ | _____ | _____ |
| | c. emergency coordinator list | _____ | _____ | _____ |
| | d. list of emergency equipment | _____ | _____ | _____ |
| | e. evacuation plan | _____ | _____ | _____ |

**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

	YES	NO	COMMENT
19. Preparedness & prevention: [Title 22, Cal. Code Regs., section 67450.25(a)(2)(B)]			
a. Operator minimizes possibility of fire, explosion or release; [Title 22, Cal. Code Regs., section 66265.31]	—	—	_____
b. Existence of Internal communication or alarm system, portable fire extinguishers, spill control equipment, decontamination equipment, & water at facility; [Title 22, Cal. Code Regs., section 66265.32]	—	—	_____
c. Access to communication device; [Title 22, Cal. Code Regs., section 66265.34]	—	—	_____
d. Aisle space is maintained for emergencies; and [Title 22, Cal. Code Regs., section 66265.35]	—	—	_____
e. Arrangements with police, fire departments, emergency response teams and OES including facility layout & operation. [Title 22, Cal. Code Regs., section 66265.37]	—	—	_____
20. Copy of documents as specified in Title 22, Cal. Code Regs., section 66264.17(c) if applicable. (Ignitables, Reactives, & Incompatible wastes) [Title 22, Cal. Code Regs., sections 67450.25(a)(3)(B) and 67450.4(b)(13)].	—	—	_____
21. If bulking solvents, oil-based paints or gasoline PHHWCF follows a written protocol approved by local fire & air pollution prevention agencies. [Title 22, Cal. Code Regs., sections 67450.25(a)(3)(B) and 67450.4(b)(14)]	—	—	_____
22. Copies of all local permits obtained. [Title 22, Cal. Code Regs., sections 67450.25(a)(3)(B) and 67450.4(b)(15)]	—	—	_____
23. A written agreement between the property owner and the operator if different. [Title 22, Cal. Code Regs., sections 67450.25(a)(3)(B) and 67450.4(b)(16)]	—	—	_____
24. A written agreement between the contractor and the operator [Title 22, Cal. Code Regs., sections 67450.25(a)(3)(B) and 67450.4(b)(17)]	—	—	_____

**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

	YES	NO	COMMENT
25. Follows Generator requirements, Chapter 12, Cal. Code Regs.	___	___	
a. Meet container management standards (storage time limits, closed, labeled, compatibility, inspected weekly, in good condition, with ignitables/reactives stored at a shorter distance (<50 feet from property line) with written approval of local fire authority. [Title 22, Cal. Code Regs., sections 67450.25(a)(2)(D), 66262.34, and 66265.170]	___	___	
b. Copies of manifests retained for 3 years & a legible copy of each manifest used submitted to DTSC within 30 days. [Title 22, Cal. Code Regs., sections 66262.20 and 66262.23]	___	___	
c. Inspection standards for hazardous waste accumulation area (container-weekly and tanks-daily). [Title 22, Cal. Code Regs., sections 66265.15 and 66265.195]	___	___	
D. CESQG WASTE ACCEPTED:			
26. A description of how CESQG HW will be received separately from the HHW: [Title 22, Cal. Code Regs., sections 67450.25(a)(3)(B) and 67450.4(b)(9)]			
a. either accepts at different hours or Up to 27 gallons or 220 pounds, but not more than 100 kg/month and certain conditions are met [HSC 25185.5 HSC 25218.5]	___	___	
b. receives at separate receiving area from other HHW.	___	___	
Household Hazardous Waste Transported to PHHWCF from the following HHW programs:			
(USE a manifest for transporting waste as per HSC, 26160 (d)(1); USE a registered waste hauler as per HSC, 25163 (a); and No manifest is required if transporting 5gal or 50 lbs waste and meeting conditions) [HSC 25185.3, 25185.4, and 25185.5 HSC 25218.3, 25218.4, 25218.5]			
a. THHWCFs collection program	___	___	
b. Recycle-only (BOPs) collection program	___	___	
c. Mobile household collection program	___	___	
d. Load check program or Transfer station load check program under agreement with the PHHWCF.	___	___	
27. Maintains separate record identifying name, address, and identification number (if available) of CESQG, types and quantities of hazardous wastes accepted, and the fees paid to the PHHWCF for the management of those wastes. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(g)]	___	___	

**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

		YES	NO	COMMENT
E.	WALK THROUGH OBSERVATIONS			
28.	Location of HHW handling area is clearly marked to control public access. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(1)]	—	—	_____
29.	Facility has a buffer zone which has written approval of local agencies. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(2)]	—	—	_____
30.	Facility is large enough to accommodate all equipment, personnel and anticipated number of vehicles for a safe operation. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(3)]	—	—	_____
31.	Facility is paved with asphalt or concrete in good repair. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(4)]	—	—	_____
32.	All waste handling and storage areas have a continuous base that meet the requirements of 66264.175(b)(1). [Title 22, Cal. Code Regs., sections 67450.25(a)(4)(A)]	—	—	_____
33.	There is a physical barrier to delineate the perimeter of HHW handling and storage areas. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(5)].	—	—	_____
34.	The area(s) or structure(s) has the written approved of local agencies, to store ignitable and/or reactive waste. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(6)].	—	—	_____
35.	Waste handling areas are covered for excessive heat Or precipitation. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(7)].	—	—	_____

**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

	YES	NO	COMMENT
36. Warning signs are posted outside the receiving, handling and storage areas in English and in languages predominant in the area which state "Danger! Hazardous Waste Area - Unauthorized Personnel Keep Out". [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(8)]	___	___	_____
37. Warning signs are legible from a distance of at least 25 feet. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(8)(B)]	___	___	_____
38. Signs are posted prohibiting food, beverages, and smoking in the receiving, handling, and storage areas. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(8)].	___	___	_____
39. Storage area is a secured area with controlled access or is surrounded by a fence or monitored by 24-hour surveillance system. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(9)(C)]	___	___	_____
40. If facility operates during hours of darkness there is artificial lighting to provide a safe operation. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(9)(D)]	___	___	_____
41. There is a separate storage area for wastes which are ready to be transported off-site. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and [67450.4(d)(9)(E)]	___	___	_____
42. Local agency has approved the traffic control. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(10)(A) and (B)]	___	___	_____
43. Traffic is routed in a one-way direction to minimize backing up or turning around. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(10)(C)]	___	___	_____
44. Persons delivering wastes remain in their vehicles while in the waste acceptance area of the facility. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(d)(10)(D)]	___	___	_____

**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

F. WASTE HANDLING PROCEDURES	YES	NO	COMMENT
45. Waste handling is performed by trained personnel and provides safety for the participants and workers. [Title 22, Cal. Code Regs., sections 67450.25(a)(4), 67450.4(e)(4), and 66265.16(D)]	___	___	_____
46. Bulking of wastes is done in a manner which prevents the mixing of incompatible wastes. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(e)(1)(A)]	___	___	_____
47. Bulking of wastes is performed in a secured area away from the receiving area. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(e)(1)(B)]	___	___	_____
48. Limit bulking and filtering of wastes to paints compatible solvents, gasoline, antifreeze, used oil and roofing tar. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(e)(2)(B)]	___	___	_____
49. If bulking solvents, oil-based paints or gasoline during the waste acceptance hours, follows a written protocol approved by local agencies. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(e)(2)(B)]	___	___	_____
50. Bulks, packages and ships used oil to a facility authorized to receive used oil pursuant to HSC Section 25200. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(e)(3)]	___	___	_____
51. Properly packages, sorts and labels waste in accordance with Department of Transportation (DOT) requirements pursuant to Code of Federal Regulation (CFR), Title 49, Subchapter C. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(e)(4)]	___	___	_____
52. Personnel who handle waste meet training requirements specified in Title 22, Cal. Code Regs., section 66264.16(a) and Occupational Safety and Health Administration (OSHA) requirements. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(e)(5)]	___	___	_____
53. A written report was submitted to CUPA or DTSC (If no CUPA) within 15 days if an incident of noncompliance with these regulatory requirements occurred. [Title 22, Cal. Code Regs., sections 67450.25(a)(4) and 67450.4(i)]	___	___	_____

**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

		YES	NO	COMMENT
54.	Manifest Record keeping & Reporting - PHHWCF receiving manifested waste to be in compliance with [Title 22, Cal. Code Regs., sections 67450.25(a)(2)(D) and 67450.4 (66265.70 EXCEPT 66265.73(b)(2),	___	___	_____
55.	PHHWCF limited to store waste at the facility up to one year from the date of collection. [Title 22, Cal. Code Regs., section 67450.25(a)(6)]	___	___	_____
G.	ANY VARIANCES ISSUED BY DTSC? (If yes, describe below).	___	___	_____

This report may identify conditions observed this date that are alleged to be violations of one or more sections of the California Health and Safety Code or Cal. Code Regs. relating to the management of hazardous waste. The violations may be described in more detail on the attached note sheet.

Inspector(s):

Lead Inspector: _____	Other Inspector: _____
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Agency: _____	Agency: _____
Phone Number: _____	Phone Number: _____

Facility Representative:

Your signature acknowledges receipt of this report and does not imply agreement with the findings.

Signature: _____	Printed Name: _____
Title : _____	Date: _____

**PERMIT BY RULE
PERMANENT HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

**HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
CERTIFICATION OF RETURN TO COMPLIANCE**

For public agencies operating a household hazardous waste collection facility under PBR

In the matter of the Violation(s) cited on: _____

As identified in the Inspection report dated: _____

Conducted by: _____ (agency)

I certify under penalty of law that:

1. Respondent has corrected the violations specified in the notice of violation cited above.
2. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.
3. Based on my examination of the attached documentation and inquiry of the individuals who prepared or obtained it, I believe that the information is true, accurate, and complete.
4. I am authorized to file this certification on behalf of the Respondent.
5. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (Print or Type)

Title

Signature

Date Signed

Public Agency Name

EPA ID Number

**PERMIT BY RULE
 TEMPORARY HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
 INSPECTION CHECKLIST**

Collection Facility Name: _____ EPA ID No.: CAH _____

Collection Address: _____

City: _____ Zip Code: _____

Sponsor Agency: _____

Sponsor Agency Contact Person: _____ Phone: _____

Contractor Name: _____

Contractor Contact Person: _____ Phone: _____

Date Inspected: _____ Inspection Agency : _____

Lead Inspector: _____ Phone: _____

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**PERMIT BY RULE
TEMPORARY HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

NOTE: The violations cited below are from California Health and Safety Code (HSC), sections 25100 et seq. and

Title 22, California Code of Regulations (Title 22, Cal. Code Regs.).

CHECKLIST ELEMENT	<u>YES</u>	<u>NO</u>	<u>COMMENT</u>
A. SUBMITTAL: Have the following documents been submitted by the operator of the THHWCF?			
1. THHWCF Permit by Rule Notification form (DTSC 8464) [Title 22, Cal. Code Regs., section 66270.60(d)(5)(A)]	___	___	_____
B. DOCUMENTATION REQUIREMENTS: Does the THHWCF have the following documents at the site?			
2. Receipt or proof of mailing PBR notification to CUPA or DTSC (if there is no CUPA) [HSC 25218.2]	___	___	_____
An operation plan with the following information:			
3. Description of location and address of THHWCF. [Title 22, Cal. Code Regs., section 67450.4(b)(1)]	___	___	_____
4. Map showing THHWCF perimeters and traffic Pattern. [Title 22, Cal. Code Regs., sections 67450.4(b)(2) and 66270.14(b)(18)(A), (F), (G), (H), (J), and (L)]	___	___	_____
5. List of days and hours of operation. [Title 22, Cal. Code Regs., section 67450.4(b)(3)]	___	___	_____
6. Name, address and identification number of the THHWCF. [Title 22, Cal. Code Regs., section 67450.4(b)(4)]	___	___	_____
7. Name, address and telephone number of contact person for the THHWCF. [Title 22, Cal. Code Regs., section 67450.4(b)(5)]	___	___	_____
8. Site supervisor name(s). [Title 22, Cal. Code Regs., section 67450.4(b)(6)]	___	___	_____
9. Description of length of time the waste will be held At the THHWCF. [Title 22, Cal. Code Regs., section 67450.4(b)(7)]	___	___	_____

**PERMIT BY RULE
TEMPORARY HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

	<u>YES</u>	<u>NO</u>	<u>COMMENT</u>
10. Description of operation procedure in the event of inclement weather. [Title 22, Cal. Code Regs., section 67450.4(b)(8)]	—	—	_____
11. Description of measures to be taken to ensure all waste is removed from collection site and all contaminated structures, equipment, and soil are either decontaminated or removed. [Title 22, Cal. Code Regs., section 67450.4(b)(10)]	—	—	_____
12. Training documents as specified in Title 22, Cal. Code Regs., sections 66264.16(d) and 67450.4(b)(11).	—	—	_____
13. Contingency plan which describes the following: [Title 22, Cal. Code Regs., sections 67450.4(b)(12); and 66265.52]			
a) actions to take	—	—	_____
b) local arrangements	—	—	_____
c) emergency coordinator list	—	—	_____
d) list of equipment	—	—	_____
e) evacuation plan	—	—	_____
f) offsite contingency temporary storage location	—	—	_____
14. Copy of documents as specified in Title 22, Cal. Code Regs., section 66264.17(c) if applicable. [Ignitables, Reactives, & Incompatible wastes] [Title 22, Cal. Code Regs., section 67450.4(b)(13)]	—	—	_____
15. If bulking solvents, oil-based paints or gasoline, Regs., follows a written protocol approved by local fire & air pollution prevention agencies. [Title 22, Cal. Code Regs., section 67450.4(b)(14)]	—	—	_____
16. Copies of all local permits obtained. [Title 22, Cal. Code Regs., section 67450.4(b)(16)]	—	—	_____
17. A written agreement between the property owner And the operator if different. [Title 22, Cal. Code Regs., section 67450.4(b)(17)]	—	—	_____

**PERMIT BY RULE
TEMPORARY HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

	<u>YES</u>	<u>NO</u>	<u>COMMENT</u>
18. A written agreement between the contractor and the operator. [Title 22, Cal. Code Regs., section 67450.4(b)(18)]	___	___	_____
19. Generator requirements, Title 22, Cal. Code Regs. Chapter 12 (refer to generator checklist).	___	___	_____
C. IF CESQG WASTE IS ACCEPTED, NOTE ON THE DTSC 8464 AND FOLLOW THESE PROCEDURES:			
20. A description of how CESQG HW will be received separately from the HHW: a) either accepts at different hours or	___	___	_____
b) receives at separate receiving area from other HHW. [Title 22, Cal. Code Regs., section 67450.4(b)(9)]	___	___	_____
Up to 27 gallons or 220 pounds, but not more than 100 kg/month and certain conditions are met [HSC 25185.5]			
21. Maintains separate record identifying name, address, and identification number (if available) of CESQG, types and quantities of hazardous wastes accepted, and the fees paid to the THHWCF for the management of those wastes. [Title 22, Cal. Code Regs., section 67450.4(g)]	___	___	_____
D. WALKTHROUGH OBSERVATIONS:			
22. Location of HHW handling area is clearly marked to control public access. [Title 22, Cal. Code Regs., section 67450.4(d)(1)]	___	___	_____
23. Facility has a buffer zone which has written approval of local agencies. [Title 22, Cal. Code Regs., section 67450.4(d)(2)]	___	___	_____
24. Facility is large enough to accommodate all equipment, personnel, and anticipated number of vehicles for a safe operation. [Title 22, Cal. Code Regs., section 67450.4(d)(3)]	___	___	_____
25. Facility is paved with asphalt or concrete in good repair. [Title 22, Cal. Code Regs., section 67450.4(d)(4)]	___	___	_____
26. All waste handling areas except traffic lane are covered with contiguous plastic sheeting of at least 6 mil thickness. [Title 22, Cal. Code Regs., section 67450.4(d)(4)]	___	___	_____

**PERMIT BY RULE
TEMPORARY HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

	<u>YES</u>	<u>NO</u>	<u>COMMENT</u>
27. Any torn plastic is repaired or replaced immediately. [Title 22, Cal. Code Regs., section 67450.4(d)(4)]	___	___	_____
28. There is a physical barrier to delineate the perimeter of HHW handling and storage areas. [Title 22, Cal. Code Regs., section 67450.4(d)(5)]	___	___	_____
29. The area(s) or structure(s) has the written approval of local agencies, to store ignitable and/or reactive waste. [Title 22, Cal. Code Regs., section 67450.4(d)(6)]	___	___	_____
30. Waste handling area(s) is covered during excessive heat or precipitation. [Title 22, Cal. Code Regs., section 67450.4(d)(7)]	___	___	_____
31. Warning signs are posted in the receiving, handling and storage areas in English and other languages predominant in the area which state "Danger! Hazardous Waste Area - Unauthorized Personnel Keep Out". [Title 22, Cal. Code Regs., section 67450.4(d)(8)]	___	___	_____
32. Warning signs are legible from a distance of at least 25 feet. [Title 22, Cal. Code Regs., section 67450.4(d)(8)(B)]	___	___	_____
33. Storage area is a secured area with controlled access or is surrounded by a fence or monitored by 24-hour surveillance system. [Title 22, Cal. Code Regs., section 67450.4(d)(9)(C)]	___	___	_____
34. If operating during hours of darkness there is artificial lighting which provides a safe operating facility. [Title 22, Cal. Code Regs., section 67450.4(d)(9)(D)]	___	___	_____
35. There is a separate storage area for wastes which are ready to be transported off-site. [Title 22, Cal. Code Regs., section 67450.4(d)(9)(E)]	___	___	_____
36. Local agency has approved the traffic control. [Title 22, Cal. Code Regs., section 67450.4(d)(10)(A) & (B)]	___	___	_____
37. Traffic is routed in a one-way direction to minimize backing up or turning around. [Title 22, Cal. Code Regs., section 67450.4(d)(10)(C)]	___	___	_____
38. Persons delivering wastes remain in their vehicles while in the waste acceptance area of the facility. [Title 22, Cal. Code Regs., section 67450.4(d)(10)(D)]	___	___	_____

**PERMIT BY RULE
TEMPORARY HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

	<u>YES</u>	<u>NO</u>	<u>COMMENT</u>
E. WASTE HANDLING PROCEDURES:			
39. Waste handling performed by trained personnel which provides safety for the participants and workers. [Title 22, Cal. Code Regs., section 66265.16(d)]	—	—	_____
40. Bulking of wastes is done in a manner which prevents the mixing of incompatible wastes. [Title 22, Cal. Code Regs., section 67450.4(e)(1)(A)]	—	—	_____
41. Bulking of wastes is performed in a secured area away from the receiving area. [Title 22, Cal. Code Regs., section 67450.4(e)(1)(B)]	—	—	_____
42. Limit bulking and filtering of wastes to paints, compatible solvents, gasoline, antifreeze, used oil, and roofing tar. [Title 22, Cal. Code Regs., section 67450.4(e)(2)]	—	—	_____
43. Does not bulk solvents, oil-based paints or gasoline during hours when wastes are being accepted at THHWCF. [Title 22, Cal. Code Regs., section 67450.4(e)(2)(A)]	—	—	_____
44. If bulking solvents, oil-based paints or gasoline during waste acceptance hours follows the written protocol approved by local agencies. [Title 22, Cal. Code Regs., section 67450.4(e)(2)(B)]	—	—	_____
45. Bulks, packages, and ships used oil to a facility authorized to receive used oil pursuant to HSC Section 25200. [Title 22, Cal. Code Regs., section 67450.4(e)(3)]	—	—	_____
46. Packages, sorts, and labels waste in accordance with with Department of Transportation (DOT) requirements pursuant to Code of Federal Regulation (CFR), Title 49, Subchapter C. [Title 22, Cal. Code Regs., section 67450.4(e)(4)]	—	—	_____
47. Personnel who handle waste meet training requirements specified in Title 22, Cal. Code Regs., section 66264.16(a) and California Occupational Safety and Health Administration (Cal.OSHA), Title 8, Cal. Code Regs. requirements. [Title 22, Cal. Code Regs., section 67450.4(e)(5)]	—	—	_____

**PERMIT BY RULE
TEMPORARY HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITY
INSPECTION CHECKLIST**

F. FACILITY CLEAN-UP:

YES NO COMMENT

- | | | | | |
|-----|---|-------|-------|-------|
| 48. | Removal and/or decontamination of all contaminated structures, equipment, soil and all collected materials and wastes have been completed within 144 hours after termination of the session.
[Title 22, Cal. Code Regs., section 67450.4(f)] | _____ | _____ | _____ |
| 49. | A written report was submitted to the CUPA/ or DTSC (if no CUPA) within 15 days if an incident of noncompliance with these regulatory requirements occurred.
[Title 22, Cal. Code Regs., section 67450.4(I)] | _____ | _____ | _____ |

G. VARIANCES GRANTED BY DTSC: If yes, describe.

This report may identify conditions observed this date that are alleged to be violations of one or more sections of the California Health and Safety Code (HSC) or the California Code of Regulations, Title 22 (Title 22, Cal. Code Regs.) relating to the management of hazardous waste. The violations may be described in more detail on the attached note sheet.

Inspector(s):

Lead Inspector: _____

Other Inspector: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Agency: _____

Agency: _____

Phone Number: _____

Phone Number: _____

Facility Representative:

Your signature acknowledges receipt of this report and does not imply agreement with the findings.

Signature: _____

Print Name: _____

Title: _____

Date: _____

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number	
5. Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)			
Generator's Phone:						
6. Transporter 1 Company Name				U.S. EPA ID Number		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address				U.S. EPA ID Number		
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
1.						
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name				Signature		Month Day Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name				Signature		Month Day Year
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)				Signature		Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name				Signature		Month Day Year

Uniform Hazardous Waste Manifest - Codes

Table I – Types of Containers	
BA = Burlap, cloth, paper, or plastic bags	DT = Dump truck
CF = Fiber pr plastic boxes, cartons, casrs	DW = Wooden drums, barrels, kegs
CM = Metal boxes, cartons, cases (including roll-offs)	HG = Hopper or gondola cars
CW = Wooden boxes, cartons, cases	TC= Tank cars
CY = Cylinders	TP = Portable tanks
DF = Fiberboard or plastic drums, barrels, kegs	TT = Cargo tanks (tank trucks)
DM = Metal drums, barrels, kegs	

Table II – Units of Measure	
G = Gallons (liquids only)	N = Cubic Meters
K = Kilograms	P = Pounds
L = Liters (liquids only)	T = Tons (2,000 pounds)
M = Metric Tons (1,000 Kilograms)	Y = Cubic Yards
Note: Tons, Metric Tons, Cubic Meters, and Cubic Yards should only be reported in connection with very large bulk shipments, such as rail cars, tank trucks, or barges	

Manifest Submission to DTSC

The Uniform Manifest contains six copies. All copies must be legible. The **generator must always send a copy to DTSC** if the waste is generated in California, handled by a permitted facility in California or is imported or exported from California. The uniform manifest will no longer have a designated copy specified for generators to submit to DTSC; therefore, generators must make a legible copy of the manifest to submit to DTSC.

Generator sends manifest copy to DTSC within 30 days of the shipment date:

DTSC Generator Manifests
Department of Toxic Substances Control
P.O. Box 400
Sacramento, CA 95812-0400

TSDf sends copy to DTSC with 30 days of the receipt date:

DTSC Facility Manifests
P.O. Box 3000
Sacramento, CA 95812

http://www.dtsc.ca.gov/IDManifest/Manifests.cfm#State_Manifest_Regulations_and_Statutory_Changes

Effective
09/05/2006

Supplemental California Manifest Instructions

Federal and State hazardous waste manifest regulations change on September 5, 2006.

Detailed manifest instructions are printed on the back of the new federal manifest. These Supplemental California Instructions cover additional California requirements. Please use the instructions printed on the new manifest for item by item directions. Materials are available at www.dtsc.ca.gov (under Managing Hazardous Waste, Manifests), including fact sheets and California's manifest regulations, sample manifests, and federal instructions. For load rejections and consolidated manifesting, refer to the regulations and fact sheets.

IMPORTANT MANIFEST CHANGES - PLEASE READ AND SAVE AS A REFERENCE

The U.S. Environmental Protection Agency (EPA) revised the Uniform Hazardous Waste Manifest and requires the use of only the new version nationally after September 4, 2006. **States will no longer be allowed to modify the form or the instructions.** Old versions of the California manifest, or manifests from other states, **may not be used after September 4, 2006.** The new manifest form is no longer color coded, and the new six-part form does not include a copy for generators to submit to their state, although California requires generator to submit a copy.

Additional Information and Instruction Changes:

- Adds space for emergency response number;
- Adds Generator's site address;
- Allows up to six waste codes for each waste stream;
- Adds a check box to indicate if waste stream is U.S. DOT regulated;
- Adds space for import/export information;
- Adds room for destination facilities to note discrepancies or if container residues exceed empty levels;
- Adds a new field for a manifest reference number when waste is rejected or if container residues are shipped on a new manifest;
- Adds a separate field for alternative facility information and signatures;
- Uses HW Report Management Codes to replace handling codes;
- Prohibits the use of fractions or decimal points in waste quantities in Item 10; and
- Discourages use of large quantity units in Item 11 (e.g. tons or cubic yards) when other units, i.e. pounds, are more accurate.

Where Do I Get Manifests?

California will not sell the new manifest forms. Forms are available only from private printers approved by EPA. EPA posts approved printers at www.epa.gov/epaoswer/hazwaste/gener/manifest/registry/index.htm.

Generators Must Submit Manifest Copies!

California requires generators and permitted transfer, treatment, storage, and disposal Facilities (Facilities) to submit manifests. The federal manifest form does not include a Generator-to-State submittal page, like the old manifest does (the blue page). Within 30 days of shipping the waste, generators must submit a copy of each manifest to DTSC. This copy could either be a legible photocopy or the "Generator Retains" copy, if generators receive a signed facility copy back within 30 days. Generators may submit a copy of the "Generator Retains" copy (page 6), the top page (the most legible one - page 1), or any other page, as long as it is readable **and legible**.

What About Submitting Manifests for Rejected Loads?

Generators should send copies of manifests they sign when receiving rejected waste or container residues to the Department of Toxic Substances Control's (DTSC) Facility Manifests at P.O. Box 3000. Facilities **signing** new manifests for rejected loads should submit the generator copy to DTSC Generator Manifests at P.O. Box 400. See the rejected load fact sheet on DTSC's web site.

How Are California Manifest Requirements Different from Federal?

- California requires conditionally exempt small quantity generators to use manifests and regulates more waste as hazardous.
- DTSC uses the submitted generator and facility manifest copies for cradle-to-grave tracking of waste.
- California's definition of an "empty" container is more stringent. Non-empty containers must be manifested, including bulk containers, whether the waste is federal RCRA or non-RCRA.
- Facilities in other states are required to submit copies to DTSC when waste generated in California is received out of state. Out of State generators sending waste to California facilities, or that will be exported through California, are encouraged to submit manifest copies.

Where Do I Find California Waste Codes?

The new manifest has six blank boxes for waste codes for each waste stream.

If the waste is RCRA regulated, at least one box must include a RCRA waste code. For waste generated in or shipped to California, a CA state waste code is also required. The additional boxes are for other states' codes when the waste is sent out of state to a state with codes, or for extra RCRA codes. California Waste Codes are printed on the reverse side of these instructions only, not on the instructions printed on the manifest. They are also found in Title 22, California Code of Regulations, Appendix XII to Chapter 12 of Division 4.5.

What are Hazardous Waste Report Management Method Codes (HWRMM Codes)?

Previously, California's manifest instructions required Destination Facilities to use one of 10 handling codes to report how the waste was handled at that facility. The new manifest uses 28 Management Method Codes. These are the same codes used in Biennial Reports. One of the HWRMM codes shown on the other side must be added on the manifest by the **Destination Facilities only. Generators and transporters do not add these codes.**

Contact Information:

First, visit the DTSC web page at www.dtsc.ca.gov/IDManifest for training information and review the basic instructions printed on the manifest. This document includes Supplemental Instructions only for use in California. For more information, contact your transporter or facility, or call DTSC's Public and Business Liaisons at 800-72-TOXIC.

Where Do I Mail Manifests? Same P.O. Boxes - No Change

GENERATORS SEND TO:

DTSC Generator Manifests
P.O. Box 400
Sacramento, CA 95812-0400

TSDFs/DESTINATION FACILITIES SEND TO:

DTSC Facility Manifests
P.O. Box 3000
Sacramento, CA 95812-3000

CALIFORNIA WASTE CODES

California Restricted Wastes – Use First , if applicable	
711	Liquids with cyanides \geq 1000 mg/l
721	Liquids with arsenic \geq 500 mg/l
722	Liquids with cadmium \geq 100 mg/l
723	Liquids with chromium (VI) \geq 500 mg/l
724	Liquids with lead \geq 500 mg/l
725	Liquids with mercury \geq 20 mg/l
726	Liquids with nickel \geq 134 mg/l
727	Liquids with selenium \geq 100 mg/l
728	Liquids with thallium \geq 130 mg/l
731	Liquids with polychlorinated biphenyls \geq 50 mg/l
741	Liquids with halogenated organic compounds \geq 1000 mg/l
751	Solids or sludges with halogenated organic comp. 1000 mg/kg
791	Liquids with pH $<$ 2
792	Liquids with pH $<$ 2 with metals
801	Waste potentially containing dioxins

CALIFORNIA NON-RESTRICTED WASTES

Inorganics	
121	Alkaline solution (pH \geq 12.5) with metals (antimony, arsenic, barium, beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium, and zinc)
122	Alkaline solution without metals (pH \geq 12.5)
123	Unspecified alkaline solution
131	Aqueous solution (2 < pH < 12.5) containing reactive anions (azide, bromate, chlorate, cyanide, fluoride, hypochlorite, nitrite, perchlorate, and sulfide anions)
132	Aqueous solution w/metals (< restricted levels and see waste code 121 for a list of metals)
133	Aqueous solution with 10% or more total organic residues
134	Aqueous solution with <10% total organic residues
135	Unspecified aqueous solution
141	Off-specification, aged, or surplus inorganics
151	Asbestos-containing waste
161	Fluid-cracking catalyst (FCC) waste
162	Other spent catalyst
171	Metal sludge (see 121)
172	Metal dust (see 121) and machining waste
181	Other inorganic solid waste

Organics	
211	Halogenated solvents (chloroform, methyl chloride, perchloroethylene, etc.)
212	Oxygenated solvents (acetone, butanol, ethyl acetate, etc.)
213	Hydrocarbon solvents (benzene, hexane, Stoddard, etc.)
214	Unspecified solvent mixture
221	Waste oil and mixed oil
222	Oil/water separation sludge
223	Unspecified oil-containing waste
231	Pesticide rinse water
232	Pesticides and other waste associated with pesticide production
241	Tank bottom waste
251	Still bottoms with halogenated organics
252	Other still bottom waste
261	Polychlorinated biphenyls and material containing PCB's
271	Organic monomer waste (includes unreacted resins)
272	Polymeric resin waste
281	Adhesives
291	Latex waste
311	Pharmaceutical waste
321	Sewage sludge
322	Biological waste other than sewage sludge
331	Off-specification, aged, or surplus organics
341	Organic liquids (nonsolvents) with halogens
342	Organic liquids with metals (see 121)
343	Unspecified organic liquid mixture
351	Organic solids with halogens
352	Other organic solids

Sludges	
411	Alum and gypsum sludge
421	Lime sludge
431	Phosphate sludge
441	Sulfur sludge
451	Degreasing sludge
461	Paint sludge
471	Paper sludge/pulp
481	Tetraethyl lead sludge
491	Unspecified sludge waste

Miscellaneous	
511	Empty pesticide containers 30 gallons or more
512	Other empty containers 30 gallons or more
513	Empty containers less than 30 gallons
521	Drilling mud
531	Chemical toilet waste
541	Photochemicals / photoprocessing waste
551	Laboratory waste chemicals
561	Detergent and soap
571	Fly ash, bottom ash, and retort ash
581	Gas scrubber waste
591	Baghouse waste
611	Contaminated soil from site clean-ups
612	Household waste
613	Auto shredder waste

HW REPORT MANAGEMENT METHOD CODES

New Codes	Descriptions
H010	Metals recovery including retorting, smelting, chemicals, etc.
H020	Solvents recovery
H039	Other recovery of reclamation for reuse including acid regeneration, organics recovery, etc.
H050	Energy recovery at this site -- use as fuel (includes on-site fuel blending)
H061	Fuel blending prior to energy recovery at another site
H040	Incineration--thermal destruction other than use as a fuel
H071	Chemical reduction with or without precipitation
H073	Cyanide destruction with or without precipitation
H075	Chemical oxidation
H076	Wet air oxidation
H077	Other chemical precipitation with or without pre-treatment
H081	Biological treatment with or without precipitation
H082	Adsorption
H083	Air or steam stripping
H101	Sludge treatment and/or dewatering
H103	Absorption
H111	Stabilization or chemical fixation prior to disposal at another site
H112	Macro-encapsulation prior to disposal at another site
H121	Neutralization only
H122	Evaporation
H123	Settling or clarification
H124	Phase separation
H129	Other treatment
H131	Land treatment or application (to include on-site treatment and/or stabilization)
H132	Landfill or surface impoundment that will be closed as landfill (to include on-site treatment and/or stabilization)
H134	Deepwell or underground injection (with or without treatment)
H135	Discharge to sewer/POTW or NPDES (with prior storage--with or without treatment)
H141	Storage, bulking, and/or transfer off site--no treatment/recovery (H010-H129), fuel blending (H061), or disposal (H131-H135) at this site

Uniform Hazardous Waste Manifest Review

Prior to Shipment Departure

1. Check all boxes for completeness and legibility.
2. Verify Generator (EPA) ID Number (#1).
3. Check page count (#2) to make sure it includes continuation sheets.
4. Check Generator Mailing and Site Address (#5).
5. Verify shipping names (#9).
 - a. Add "X" in item "9a" if waste listed in "9b" is regulated as Hazardous Material by U.S. DOT
6. Verify container No. & Type (#10).
7. Verify Total Quantity is correct (#11). Fractions and decimals cannot be used.
8. Verify #13 waste code is 612 for HHW and load checking wastes.
9. Verify #14 corresponds to items in #9.
10. Any errors should be lined out and initialed.
11. All entries should be legible.
12. If satisfied manifest is complete and correct, print and sign name in #15.
13. Have transporter print and sign name in #16.
14. Make 2 or 3 copies of top signed manifest,
 - a. Save one or two copies for office
 - b. Mail one copy to
DTSC Generator Manifests
P.O. Box 400
Sacramento, CA 95812-0400
15. Remove "Generator Initial Copy" (bottom copy) and include with copy of original top page.
16. Set alarm or tickler for:
 - a. 35 days – Destination copy due. If not returned, contact transporter for status.
 - b. 45 days. – Destination copy late. File Discrepancy report with DTSC

Please print or type (Form designed for use on 8 1/2 x 11 inch (216x279) paper) 1 2 Page 1 of 2 Emergency Response Phone 4 Manifest Tracking Number
Form Approved OMB No. 2050-0029

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)

1. Generator ID Number 2. Page 1 of 2 3. Emergency Response Phone 4. Manifest Tracking Number

5. Generator's Name and Mailing Address (Indicate Site Address if different from mailing address)

6. Generator's Phone
7. Transporter's Company Name U.S. EPA ID Number
8. Transporter's Facility Name and Site Address U.S. EPA ID Number

9. Shipping Name
10. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group if any) 11. Container No. Type 12. Total Quantity 13. Unit (kg, Lb, Gal, etc.) 14. Waste Codes

15. Special Handling Instructions and Additional Information

16. Generator's Signature (Print Name, Title, Date) 17. Transporter's Signature (Print Name, Title, Date)

18. Discrepancy (Quantity, Type, Residue, Partial Rejection, Full Rejection)

19. Designated Facility (or Generator) 20. Designated Facility (or Generator) 21. Waste Codes

22. Designated Facility, Center or Operator (Certification of receipt of hazardous materials covered by the manifest should be noted in item 19)

EPA Form 8700-02 (Rev. 1-04) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Please print or type (Form designed for use on 8 1/2 x 11 inch (216x279) paper) 1 2 Page 1 of 2 Emergency Response Phone 4 Manifest Tracking Number
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UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)

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5. Generator's Name and Mailing Address (Indicate Site Address if different from mailing address)

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7. Transporter's Company Name U.S. EPA ID Number
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9. Shipping Name
10. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group if any) 11. Container No. Type 12. Total Quantity 13. Unit (kg, Lb, Gal, etc.) 14. Waste Codes

15. Special Handling Instructions and Additional Information

16. Generator's Signature (Print Name, Title, Date) 17. Transporter's Signature (Print Name, Title, Date)

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EPA Form 8700-02 (Rev. 1-04) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

www.dtsc.ca.gov/IDManifest

Manifest Copies

- Page 1: "Designated Facility to Destination State (if needed)"
 Page 2: "Designated Facility to Generator State (if needed)"
 Page 3: "Designated Facility to Generator Copy"
 Page 4: "Designated Facility Copy"
 Page 5: "Transporter Copy"
 Page 6: "Generator's Initial Copy" (bottom copy)

Uniform Hazardous Waste Manifest Review

Destination Copy does not arrive

1. If Destination Copy does not arrive after 35 days, contact transporter and even Destination Facility to determine status.
2. If Destination Copy does not arrive after 45 days, submit Discrepancy Letter to DTSC indicating delay.



After Destination Copy Arrives

1. Stamp Destination Copy with received date.
2. Verify receipt date is less than 45 days from shipment.
3. Any information in discrepancy space (18a) should be verified.
4. Compare "Generator Initial Copy" side by side with "Destination Facility to Generator Copy". Also compare continuation sheets.
5. The chart below indicates Allowable Changes and Prohibited Changes.
6. Any Prohibited Changes should be listed in a Discrepancy Letter to DTSC with a copy of the manifest in question.

Manifest Comparisons	
Allowable Changes	Prohibited Changes
<ul style="list-style-type: none"> • Designated Facility section (#18-20) • Additional transporters #17 • Continuation sheets for additional transporters • Page number (#2) may also be changed to indicate continuation sheets used for additional haulers 	<ul style="list-style-type: none"> • There should be no changes except those listed as Allowable Changes. • Waste types or shipping name changes • Quantities changes

7. If the waste shipment is rejected by the Destination Facility, the generator may:
 - a. Identify an alternative facility and use the same manifest or use a new manifest for a partial rejection or if transporter is not at facility to transport the wastes

Common Waste Handling Codes (see chart for all codes)	
Code	Description
H010	Metals recovery including retorting, smelting, chemicals, etc.
H050	Energy recovery at this site -- use as fuel (includes on-site fuel blending)
H061	Fuel blending prior to energy recovery at another site
H040	Incineration--thermal destruction other than use as a fuel
H071	Chemical reduction with or without precipitation
H111	Stabilization or chemical fixation prior to disposal at another site
H121	Neutralization only
H129	Other treatment
H131	Land treatment or application (to include on-site treatment and/or stabilization)
H132	Landfill or surface impoundment that will be closed as landfill (to include on-site treatment and/or stabilization)
H141	Storage, bulking, and/or transfer off site--no treatment/recovery (H010-H129), fuel blending (H061), or disposal (H131-H135) at this site

- b. Have the rejected wastes returned to the generator on a new manifest.

"DATE"

Department of Toxic Substances Control
Generator Information Services Section
Attn: Manifest Corrections
P.O. Box 806
Sacramento, CA 95812-0806

RE: Manifest Correction Discrepancy for "MANIFEST NUMBER"

Dear DTSC:

The "NAME OF ORGANIZATION" operates the Household Hazardous Waste Facility (ID Number CAH????????) and is submitting this correction notice for the following:

1. Manifest Tracking Number;
2. Generator date; the date the generator signed the manifest.
3. Generator EPA ID number used on the original manifest, even if it was incorrect.
4. The incorrect or incomplete item number from the manifest.
5. The corrected information.
6. Signature, title, mailing address, and phone number of person submitting the correction

"NOTE OF EXPLANATION OF ISSUE AND CORRECTION STEPS"

Please contact me with any question.

"NAME"

"TITLE"

"DATE"

DTSC Facility Manifests
P.O. Box 3000
Sacramento, CA 95812

RE: Manifest Designated Facility Copies

"NAME OF ORGANIZATION" oversees the operation of the household hazardous waste facility for "NAME OF FACILITY" (ID Number CAH????????). Attached are copies of the Designated Facility to Generator copies of uniform hazardous waste manifests.

"NAME OF ORGANIZATION" is submitting these copies to ensure that the Department of Toxic Substances Control (DTSC) receives a copy in case the Designated Facility(ies) does not submit copies to DTSC as required by California Health and Safety Code 25160 (b)(5)(B). Some of these manifest copies may be duplicates of ones sent to DTSC by the Designated Facility(ies).

Since "NAME OF ORGANIZATION" cannot verify when or if DTSC received copies from a Designated Facility, some of the attached manifest maybe received by DTSC after the required 30 day deadline.

Please contact me if you have any questions.

"NAME"

"TITLE"

Enclosure

California Manifest Tracking Timeline

Now with *the new and improved electronic manifest*

