

## Solid Waste Incinerator Facility Inspection Checklist

Facility Name:	ID #:	Date:	County:
Facility Address:		Facility Phone #:	
Operator Name:		Operator Phone #:	
Corporate Address:		Corp. Phone # (If Diff.):	
Health District:		Inspector(s):	

Is this facility being operated **in compliance** with the following regulations (YES or NO)? Place an X in the appropriate column to denote compliance status. Placing an X in the NO column indicates that a violation has been noted. Write N/A on the lines that are not applicable to this facility. This checklist is not all inclusive of regulations applicable to solid waste incinerator facility operations.

This is a:  Comprehensive Inspection     Partial Inspection     Comments on Back

YES	NO		YES	NO	
<b>3745-27-52</b>		<b>Operation of a Facility</b>			
___	___	(A) Operated in compliance with approved plans	___	___	(R) Contingency for notifying customers
___	___	(D) Copy of approved plans available	___	___	(S) Timely incineration of waste / proper storage of wastes
___	___	(E) Maintain access roads	___	___	(T) Shall not accept:
___	___	(F) Limit access	___	___	(1) Hazardous wastes
___	___	(G) Post instructions at entrance/handling areas	___	___	(2) NESHAP regulated asbestos
___	___	(H) Prevent activities interfering with operations	___	___	(3) Infectious wastes
___	___	(I) Exclusion of animals	___	___	(4) Explosive materials
___	___	(J) Confine waste handling areas	___	___	(5) Lead-acid batteries
___	___	(K) Control scattered litter	___	___	(6) Yard wastes
___	___	(L) Control noise, dust, and odors	___	___	(7) Whole tires
___	___	(M) Control vectors	___	___	(8) Shredded tires
___	___	(N) Adequate fire control	___	___	(V) Leachate management / disposal
___	___	(O) Maintain daily logs	___	___	(W) Site / facility preparation
___	___	(P) Adequate operable equipment	___	___	(X) Operations conducted on proper surfaces
___	___	(Q) Contingency plans for:	___	___	(Y) Maintain leachate collection system
___	___	(1) Unauthorized wastes	___	___	(Z) Operation in enclosed area
___	___	(2) Fire, explosions, spills			
___	___	(3) Equipment failure			
___	___	(4) Removal and disposal of waste			
			<b>3745-37-01</b>		<b>License</b>
			___	___	(A) Valid license

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Print Name of Inspector Completing Form	Inspector's Signature	Date
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