



Scrap Tire Mobile Recovery Facility Inspection Checklist

Facility Name		
Address		
Date	Time	Weather
Inspection Representatives		
Facility		
Health District		
Ohio EPA		
Other		

Inspection Type	Reason for Inspection	
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Required	<input type="checkbox"/> Other
<input type="checkbox"/> Focused	<input type="checkbox"/> Re-Inspection	

Is the above site being operated in compliance with the following regulations? Please mark the box in the appropriate column to denote compliance status. Marking the box in the NO column indicates that a violation has been noted. Please mark the N/A box if not applicable to this location. This checklist is not all inclusive of regulations applicable to scrap tires.

Y	N	N/A		Y	N	N/A	
			3745-27-67 Operations				
			(B) Registration				(d) ST not stored under bridges, elevated trestles, elevated roadways, elevated RR or under power lines with > 750 volts or that supply power to fire emergency system
			(7) Other applicable authorizations (surface water or air)				(2) ST piles inside a building:
			(F)(1) Before operating, send notification				(a) Not > 2500 ft ² basal area for each pile
			(2) Notification includes all information in rule				(b) Aisles >8' width
			(3) Demonstrate compliance with siting criteria				(c) Top of ST piles at least 18" from sprinklers
			(G)(1) Facility outside of a building restrictions				(d) Top of ST piles at least 3' from roof
			(2)(a) Outdoor ST handling area within 100' of property line unless:				(e) Top of ST piles at least 3' from ductwork
			(i) <800 and >500 ST—56 feet separation				(3) ST piles at least 50' from ignition sources
			(ii) <500 ST—25 feet separation				(4) Fire breaks free of combustible material
			(b) 500' from domicile not owned by facility or 200' from domicile owned by facility				(5)(a) Remove liquids from ST, or;
			(c) 200' from stream, lake or wetland				(b) Apply pesticide/larvicide
			(H)(1) ST piles outside a building:				(6) Remove ST before leaving site
			(a) Not > 2500 ft ² basal area for each pile and no > 5000 ft ² total				(l) General operational criteria
			(b) Not > 8' height				(2) Handling of other material besides ST:
			(c) Fire breaks ≥56'				(a) Do not accept waste besides ST
							(b) Remove/properly dispose of other waste
							(c) Director's authorization for other rubber waste
							(5) Copy of registration and license

Facility Name	Date
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Y	N	N/A	
			(6) Limit access; security plan
			(7) Prevent scavenging
			(8) ST handling is smallest practical size
			(9) No nuisance/health hazard
			(10) Post signs
			(12) Only deliver/receive tires from allowed facilities
			(13) Don't operate at one location for > 6 months unless authorized
			(J) Demobilization notice sent within 14 days of relocation
			(K)(1) Fire contingency plan
			(2) Fire extinguisher/communication equipment
			(3) Notify agencies if fire
			(4) Within 7 days of fire, notify Ohio EPA and note in daily log
			(5) Implement activities in 27-79
			(L)(2) Maintain daily log
			(M) Closure in accordance with 27-66
			OAC 3745-37-01 License
			(A) Valid license
			OAC 3745-27-56 Registered transporter (if applicable)
			OAC 3745-27-57 Shipping papers
			(B) Correct shipping papers used

Y	N	N/A	
			(C) Shipping papers completed
			(D)(1) Pickup of scrap tires:
			(a) Transporter and generator complete form
			(b) Total amount of tires entered on form
			(c) Form is signed
			(d) Form legible and complete
			(2) Delivery of scrap tires:
			(a) Transporter and receiver complete form
			(b) Total amount of tires entered on form
			(c) Form is signed
			(d) Form legible and complete
			(5) Form completed:
			(a) Legible and complete
			(b) Signed and dated
			(c) Contain the following:
			(i) Quantity in number, weight (tons), or volume (ft ³)
			(ii) Estimate of % of tires by passenger, truck, and all other tires
			(iii) Certified free of water or treated for mosquitoes
			(iv) Name and signature of transporter
			(v) Name and signature of recipient
			(E) Records retained at principle places of business or available for inspection

Comments:

Print Name of Inspector Completing Form	Signature	Date
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