

## Scrap Tire Transporter Inspection Checklist

(10) Responsibility for ST staged at barge, ship, or

rail terminal

Tr	ans	porte	r Name										
A	ddre	ess											
Date Time						Weather							
In	spe	ction	Representatives										
Fá	acilit	ty											
Н	ealtl	h Dis	trict										
0	hio	EPA											
0	ther												
Inspection Type Reason for Inspection													
Г	7 (	Comp	rehensive					ther					
Г		ocus		Re-Inspection									
C P	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.												
Υ	N	N/A							Υ	N	N/A		
			3745-27-56 Standards for Transporters									b) ST in handling area >50' from buildings not owned by o/o or ≥15' from buildings owned or	
			(B) Non-registered transporters									leased by o/o	
			(1) Only transport to destination in (C)(1) (2)(a) Remove water								(c) Vehicles not parked at unauthorized locations for >14 days		
			(b) Shred or cut til	_				╁				(7) Mosquito prevention	
			(c) Treat with larvicide								(a) If ST removed from location with mosquito control:		
			(3) Shipping pape							(i) Certification of treatment within past 30 days			
			(4) No operation of portable equipment unless allowed by HD or director				╟				(ii) Remove water before transport		
(C) Registered transporters										(iii) Shred tired before transport or deliver within 24			
(1) Delivery to authorized disposal facility						1  -				(b) If ST from location w/o mosquito control:			
			(2) Storage in covered trailer or vehicle for <30 days				]  -				(i) Remove water before transport		
			(3) Sort and trans	I transfer at ST handling area				]  -				(ii) Shred or cut ST before transport or deliver w/in	
			(a) No ST outside after end of work shift								24 hours		
			(b) no ST in this area for >30 days								(iii) ST treated with larvicide before transport		
			(4) Maintain registration								(8) Pre-positioned trailers-part of collection or storage area		
		(5) Control registration certificates									(9) Pick up pre-positioned trailers		
			(6) Store as not to create a nuisance									(a) Covered trailers-any time	
			(a) Trailers w/ST >50' from buildings not owned by o/o or ≥15' from buildings owned or leased by o/o									(b) Open trailer-within 7 days:	

Υ	N	N/A		Υ	N	N/A			
			(11) Portable equipment used according to rule for consolidating loads				(2) Delivery of scrap tires:		
							(a) Transporter and receiver complete form		
			(12) Communication equipment/fire extinguishers at sites with portable equipment				(b) Total amount of tires entered on form		
			(D) Fire response				(c) Form is signed		
			(1) Notify police and fire departments				(d) Form legible and complete		
	(5) Keep fire from spre (6) Remediate in acco (F) Air and Water perr		(2) Notify Ohio EPA				(5) Form completed:		
			(3) Suppress fire				(a) Legible and complete		
			<ul><li>(4) Contain fire residuals</li><li>(5) Keep fire from spreading or reoccurring</li><li>(6) Remediate in accordance with OAC 3745-27-79</li></ul>				(b) Signed and dated		
							(c) Contain the following:		
							(i) Quantity in number, weight (tons), or volume (ft <sup>3</sup> )		
			(F) Air and Water permits	-			(ii) Estimate of % of tires by passenger, truck, and a		
			(G) Annual report submitted				other tires		
			(H) Closure		$\perp$		(iii) Certified free of water or treated for mosquitoes		
			OAC 3745-27-57 Shipping papers (D)(1) Pickup of scrap tires:				(iv) Name and signature of transporter		
							(v) Name and signature of recipient		
	(a) Tra		(a) Transporter and generator complete form				(E) Records retained at principle places of busines or available for inspection for a minimum of three		
			(b) Total amount of tires entered on form				years		
		(c) Form is signed							
			(d) Form legible and complete						
Co	эті	nents	S.:						

Date

Comments:			

Signature

Date

Print Name of Inspector Completing Form

Facility Name