

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EMPLOYEE SERVICES DIVISION
SAFETY, HEALTH, AND EMPLOYEE WELLNESS BRANCH
FACILITY ENVIRONMENTAL INVENTORY REPORT

NAME OF FACILITY	LOCATION OF FACILITY (<i>City and State</i>)
FACILITY/PORT MANAGER/DIRECTOR	ORGANIZATION
ADDRESS OF FACILITY/PORT MANAGER/DIRECTOR	TELEPHONE NO., FAX NO., E-MAIL ADDRESS

THIS PROPERTY CONTAINS:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | APHIS-OWNED BUILDINGS? IF YES, NUMBER OF BUILDINGS: |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | APHIS-OWNED LAND? IF YES, NUMBER OF ACRES: |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | APHIS-LEASED BUILDINGS? IF YES, NUMBER OF BUILDINGS AND FROM WHOM: |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | APHIS-LEASED LAND? IF YES, NUMBER OF ACRES AND FROM WHOM: |

DOES THIS FACILITY KEEP THEIR CHEMICAL, BIOLOGICAL, AND RADIOLOGICAL INVENTORIES SECURED AND UP-TO-DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS FACILITY REQUIRED TO REPORT UNDER EPCRA SECTION 311/312? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME(S) OF CHEMICAL, CAS NO., AND QUANTITY
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IS THIS FACILITY REQUIRED TO REPORT UNDER EPCRA SECTION 313? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE FACILITY ID NO.	NAME(S) OF CHEMICAL, CAS NO., AND QUANTITY
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DOES FACILITY HAVE A WRITTEN POLLUTION PREVENTION PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HAS THE PLAN BEEN UPDATED ANNUALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DOES THE FACILITY HAVE ANY OIL, AIR, OR WATER PERMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST PERMIT TYPE, PERMIT NO., EQUIPMENT/PLANT, AND EXPIRATION DATE
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CAN DESIGNATED EMPLOYEE DESCRIBE PERMIT CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES PERMIT REQUIRE INCINERATOR/WASTEWATER TREATMENT/WATER TREATMENT OPERATOR TO BE TRAINED AND CERTIFIED BY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE AUTHORITY	IS OPERATOR CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DOES THE FACILITY GENERATE HAZARDOUS WASTE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT CATEGORY? <input type="checkbox"/> CESQG <input type="checkbox"/> SQG <input type="checkbox"/> LQG <input type="checkbox"/> TSDF	EPA ID NO.	IS A MONTHLY GENERATION LOG AND INSPECTION REPORT KEPT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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LOCATION OF WASTE (<i>AND SAA IF APPLICABLE</i>)	ARE MANIFESTS KEPT WITH CERTIFICATES OF DISPOSAL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	ARE BIENNIAL (OR ANNUAL) REPORTS SUBMITTED TO THE STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	ARE EXCEPTION REPORTS FILED (45 DAYS)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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DOES THE FACILITY HAVE ANY AST(S) OR UNDERGROUND STORAGE TANK(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE CONSTRUCTION TYPE, PRODUCT, QUANTITY, DATE INSTALLED, REGISTRATION NO., AND MOST RECENT TANK TIGHTNESS TEST.
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ANY ENVIRONMENTAL RELEASE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN AND REPORTED TO?
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DOES THE FACILITY HAVE A WATER PLANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HAS IT HAD ANY FAILURE TO COMPLY WITH THE NATIONAL PRIMARY DRINKING WATER REGULATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE RECORDS OF BACTERIOLOGICAL ANALYSIS (KEPT FOR 5 YEARS), AND CHEMICAL ANALYSIS AND SANITARY SEWER SURVEYS (KEPT FOR 10 YEARS), READILY AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DOES THE FACILITY HAVE A WASTEWATER TREATMENT FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DOES IT HAVE AN NPDES PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NPDES PERMIT NO.	ARE PERIODIC DISCHARGE MONITORING REPORTS READILY AVAILABLE AND KEPT FOR 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DOES THE FACILITY POSSESS/HAVE ONSITE THE FOLLOWING?	YES	NO	HOW?
CONSTRUCTION (CONCRETE, METAL, ETC.)			
ASBESTOS			
PCB			
LEAD			
MERCURY			
FLUORESCENT LIGHT TUBES/BALLAST			
COMPUTER BACK-UP SYSTEM BATTERIES			
MEDICAL WASTE (OR PERCEIVED MEDICAL WASTE)			
OIL			
ANTIFREEZE			
CFC (FROM REFRIGERATION UNITS, AUTO AIR/CONDITIONERS, CHILLERS, ETC.)			
HAZARDOUS WASTE/SUBSTANCES			
NONHAZARDOUS WASTE MANAGEMENT -- SOLID WASTE RCRA 'D'/LANDFILLS/ MEDICAL WASTE/OSHA			
CERCLA/SARA -- PROPERTY TRANSFER/CERCLIS/HAZARDOUS SUBSTANCE REPORTING			
NEPA -- WETLANDS/EIS/EA/ENDANGERED SPECIES/AQUATIC BROTA			
CULTURAL AND HISTORIC RESOURCES			
PESTICIDES -- FIFRA			
GROUND WATER PROTECTION			
BIOLOGICAL OR SELECT AGENTS THAT COULD BE USED FOR TERRORIST ACTIVITY			
OTHER (SPECIFY)			

DOES THE FACILITY HAVE ANY "PRIORITY CHEMICAL" THAT IS IDENTIFIED FOR REDUCTION, e.g., MERCURY, SILVER, CHLORINE, LEAD, ETYLENE OXIDE, CADMIUM, METHOXYCHLOR, NAPHTHALENE, PENTACHLOROBENZENE, OR CHROMIUM VI (CHROME)?

YES NO

IF YES, CHEMICAL NAME AND POSSIBLE SUBSTITUTION, ETC.

DOES THE FACILITY HAVE ANY CLASS I OZONE-DEPLETING SUBSTANCES (ODS's)?

YES NO

IF YES, CHEMICAL NAME AND POSSIBLE SUBSTITUTION, ETC.