

**QUARTERLY CHECKLIST FOR MONITORING COMPLIANCE AGREEMENT  
HOLDERS HANDLING REGULATED GARBAGE  
(Final 09/08)**

Name of Facility

Location

Phone Number

Name of Person Contacted

Date

Type of Facility /Entity (Check all applicable categories):

- Cartage Firm     
  Caterer     
  Cleaner     
  Cruise Ship Operator  
 Fixed Base Operator     
  Incinerator     
  Military Base     
  Sterilizer

**A. ALL FACILITIES/ENTITIES**

	<b>Current Status</b>			<b>Action Required?</b>	
<b>1. Is the company operating under a current compliance agreement?</b> <small>NOTE: If company has changed location, name, management, contacts, procedures, then update the CA. NOTE: If there is no compliance agreement in place, issue a violation.</small>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>2. Were training materials reviewed during the inspection?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>3. Were training records reviewed during the inspection?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>4. Has training been conducted annually?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>5. Have new employees been trained?</b> <small>NOTE: If no, new employees should be prohibited from handling regulated garbage.</small>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>6. Is there a written company SOP for handling regulated garbage?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>7. Are APHIS-approved disinfectants (Virkon S or Sodium hypochlorite, or Sodium carbonate) available and used for cleaning spills outside of food handling areas?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>8. Do all vehicles/personnel servicing the conveyance carry sufficient APHIS-approved disinfectant and cleaning equipment to clean up spills?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>9: Have there been any spills outside of the company's premises since the last visit?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N

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**A. ALL FACILITIES/ENTITIES****Current Status****Action Required?**

**10. Is CBP/PPQ notified of spills outside of the company's premises?**

Y     N     N/A

Y     N

NOTE: CBP/PPQ inspects area of the spill for compliance with spill management requirements.

**11. Was the spill cleaned up according to the addendum to compliance agreement?**

Y     N     N/A

Y     N

NOTE: If spills are not being handling according to the compliance agreement, review the compliance agreement with the responsible facility personnel and document for the files. Ensure spills that are witnessed by you during the enforcement visit are cleaned up in an approved manner.

**12. Was cleaning and disinfection of spills documented and kept on file for 3 years from the date of the spill?**

Y     N     N/A

Y     N

**13. Is regulated garbage stored on the premises?**

Y     N     N/A

Y     N

**14. Is it stored in covered leak-proof vermin-proof containers?**

Y     N     N/A

Y     N

NOTE: Four MIL thick plastic bags are allowed to be used inside vermin-proof areas; rigid containers are required for outside storage.

**15. Is it stored longer than the compliance agreement allows?**

Y     N     N/A

Y     N

NOTE: if yes, then issue a violation.

**16. Is all regulated garbage removed from the conveyance or pickup location in tight leak-proof covered containers (caterers are allowed to use catering carts) or in 4 Mil thick plastic bags?**

Y     N     N/A

Y     N

**17. Are all outside areas around loading docks and garbage containers kept free of debris?**

Y     N     N/A

Y     N

NOTE: It is difficult to distinguish regulated garbage from non-regulated garbage; assume all unidentified garbage is regulated.

**18. Are regulated garbage and associated equipment properly identified per compliance agreement and kept separate from non-regulated garbage or cleaning equipment?**

Y     N     N/A

Y     N

**19. Are employees aware of the handling requirements?**

Y     N     N/A

Y     N

**20. Are aircraft cleaners disposing of regulated garbage appropriately?**

Y     N     N/A

Y     N

NOTE: Describe procedures in Comment section of the checklist

**21. Are the records of loads (including origin, weight, dated, etc.) handled accurately, kept by the company, and available for review as required by the compliance agreement?**

Y     N     N/A

Y     N

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**A. ALL FACILITIES/ENTITIES**

**Current Status**

**Action Required?**

**22. Do the records of loads handled and /or stored match the records of the originating company as required by the compliance agreement?**

Y     N     N/A

Y     N

NOTE: For example, if the hauler removes two loads per week from a maritime port, does the processing company have matching records of those loads being dropped off for sterilization or incineration?

NOTE: If no, there may be a violation if the records indicate garbage is not handled according to the compliance agreement.

**23. Have there been any changes in the backup system identified in the compliance agreement?**

Y     N     N/A

Y     N

**24. Has the backup system been used since the last enforcement visit?**

Y     N     N/A

Y     N

**25. If the backup system was used, was CBP/PPQ notified as required by the compliance agreement?**

Y     N     N/A

Y     N

**B. CARTAGE FIRM/AULERS**

**Current Status**

**Action Required?**

**1. Are garbage trucks or containers hauling regulated garbage used for non-regulated garbage?**

Y     N     N/A

Y     N

**2. If yes to B.1. above, are trucks or containers being cleaned and disinfected under CBP supervision prior to hauling non-regulated garbage?**

Y     N     N/A

Y     N

NOTE: If no to B.2., there may be a violation if the unregulated garbage is not being treated as regulated.

**3. If transloading garbage, is garbage spillage controlled in accordance with the addendum to compliance agreement?**

Y     N     N/A

Y     N

**4. Are trucks and containers monitored/observed for leakage while hauling or storing regulated garbage? Explain how in the Comments section of the checklist.**

Y     N     N/A

Y     N

**5. As required by the Compliance Agreement to specify travel routes, is this requirement being monitored? Explain how in the Comments section of the checklist.**

Y     N     N/A

Y     N

**6. List pickup locations (ports, facilities, companies, etc.) in the Comments section of the checklist.**

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<b>C. PROCESSING (Sterilization/Incineration)</b>	<b>Current Status</b>			<b>Action Required?</b>	
<b>1a. If equipment is an autoclave or non-pressurized cooker, has it been calibrated by CBP/PPQ within the last 6 months? [the internal garbage temperature (not the chamber temperature) must be at least 212 degrees F for at least 30 minutes]</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>1b. Is a thermocoupler or other necessary calibration equipment available for determination of adequate temperature?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>2. If equipment is an incinerator, is all garbage burned (except metal and glass) to ash?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>3. As required by the compliance agreement, are individual records maintained (including time/temperature in the case of sterilization)?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>4. Do time/temperature charts indicate any deviation below the required sterilization cycle (time or temperature) established by CBP/PPQ?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>5a. Have there been any equipment malfunctions lasting more than 24 hours since the last visit?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>5b. If yes, was CBP/PPQ notified? If not, there may be a violation.</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>6a. Have there been any major equipment repairs or renovations since the last visit?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>6b. If yes, was a request made for recertification for sterilizing equipment or the incinerator?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>7. Is there processing equipment in use that has not been certified or calibrated by CBP/PPQ?</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>8. Is sterilized/cooked garbage going to a landfill? If no, list where in the Comments Section of the Checklist. (If no, consult local AQI VMO.</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N

**COMMENTS SECTION**

**ALL FACILITIES/ENTITIES**

Comments from the checklist requiring further description, to include items that require action:

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**COMMENTS SECTION (continued)**

**ALL FACILITIES/ENTITIES**

Other deficiencies/violations noted:

Deficiencies resolved at the time of inspection:

Time allowed to correct deficiencies not immediately resolved:

Facility Employee Name and Title

Date

CBP/PPQ Official Name and Title

Date

Copy provided to facility employee?

Y       N