



**MULTIMEDIA INSPECTION
CHECKLIST FOR
DRY CLEANING FACILITIES**



General Facility and Management Information

1	Inspector Name	
2	Date of Inspection	
3	Facility Name	
4	Facility Phone #	
5	Facility Address (<i>physical location</i>)	
	Street	
	City or Town	
	Zip Code	
6	Mailing Address (<i>if different</i>)	
	Street	
	City or Town	
	Zip Code	
7	Facility Owner Contact Information	
	First Name	
	Last Name	
	Phone #	
8	Facility Operator/Manager	Information (<i>if different</i>)
	First Name	
	Last Name	
	Phone #	

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9	Original Establishment Date of Facility	Month	Day	Year
10	Establishment date of current ownership	Month	Day	Year
11	Establishment date of current location	Month	Day	Year
12	Establish facility's current operating status	On-site Cleaning <input type="checkbox"/> Transfer Facility <input type="checkbox"/> Drop Off <input type="checkbox"/> Other <input type="checkbox"/>		
13	What type of dry cleaning method(s) are used at the facility? (Check one)	Perc <input type="checkbox"/> Petroleum <input type="checkbox"/> CO2 <input type="checkbox"/> Wet Cleaning <input type="checkbox"/> Other <input type="checkbox"/>		
14	Is a new annual perc consumption level calculated on the first of each month reflecting usage for the past 12 months? Size Categorization of facility under federal air emissions regulations (based on information in Question #12:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Small Area Source <input type="checkbox"/> Large Area Source <input type="checkbox"/> Major Source <input type="checkbox"/>
15	Size categorization of facility under federal hazardous waste regulations	CESQG <input type="checkbox"/>		SQG <input type="checkbox"/> LQG <input type="checkbox"/>
16	Does the facility have an EPA ID # as a generator of hazardous wastes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	EPA ID # -			

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Facility Management

17	<p>Is the dry cleaner aware of the local/national trade associations and the services they offer?</p> <p>Trade Association (if known): _____</p> <p><i>If not, ensure that the dry cleaner is aware of the role of trade organizations in providing compliance assistance. Distribute national or local trade associations literature as appropriate to serve as initial contact points.</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18	<p>What type of training activities are conducted at the facility?</p> <p>Safety <input type="checkbox"/> Emergency Procedures <input type="checkbox"/></p> <p>Pollution Prevention <input type="checkbox"/> Machine Operation <input type="checkbox"/> Machine Maintenance <input type="checkbox"/></p>		
19	<p>Has a pollution prevention or waste minimization plan been developed by the facility?</p> <p>Fabric Bags <input type="checkbox"/> Hanger Recycling <input type="checkbox"/> Paper Reduction <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If other, please describe: _____</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20	<p>Has the facility evaluated which wastes are probable candidates for reductions through pollution prevention activities?</p> <p>If so, list the wastes and describe pollution prevention activities currently being undertaken.</p> <p>Perc <input type="checkbox"/> Filters <input type="checkbox"/> Spotters <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Explain other _____</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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21	Is the facility owner familiar with multiprocess wet cleaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22	Is the facility owner familiar with petroleum cleaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23	Is the facility owner familiar with Co2 cleaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24	Has the facility considered experimenting with multiprocess wet cleaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25	Has the facility considered experimenting with petroleum cleaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26	Has the facility considered experimenting with Co2 cleaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Dry Cleaning Process Area
General Equipment Information**

27	Supply the following information about the dry cleaning machines in use at the facility:		
		1 st Machine	2 nd Machine
	<u>Gen (i.e.; 1st, 2nd, 3rd, 4th, 5th)</u>		
	<u>Date Installed</u>		
	/ /		
	<u>New/Existing</u>		
	<u>Manufacturer</u>		
	<u>Perc Filtration System(s)</u>		
		Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>
	<u>Perc Vapor Recovery System</u>	<u>Refrigerated Condenser</u> <input type="checkbox"/>	<u>Carbon Adsorber</u> <input type="checkbox"/>
		Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>
	<u>Installation of Perc Recovery System</u>		
	/ /		

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28	New Transfer Machines are no longer allowed. Is the facility in compliance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Refrigerated Condensers Performance Monitoring

29	Are temperature sensors for refrigerated condensers installed for each machine in accordance with manufacturers' specifications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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30	Are temperature sensors for all machines designed to measure temperatures from 32°F to 120°F to an accuracy of ± 2°F?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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31	Record sensor readings if available:
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Temperature Sensor	Machine #1	Machine #2	Requirements	
a) Dryer airstream at condenser outlet	°F	°F	$\leq 45^{\circ}F$	
b) Washer airstream at condenser inlet	°F	°F	none	
c) Washer airstream at condenser outlet	°F	°F	none	
d) Washer airstream net temperature drop ($b - c = d$)	°F	°F	At least 20°	

In compliance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Leak Detection

32	Is the odor of perc detectable anywhere in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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33	Is a leak detection program conducted weekly as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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34	Allow owner/operator to demonstrate procedures for the weekly leak detection inspection for each machine. The inspection should include the following items:	
	Components	Leaks?
	Hose & pipe connections, fittings, couplings, valves	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Door gaskets & seatings	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Pumps	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Solvent tank & containers	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Water separators	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Muck cookers	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Stills	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Exhaust dampers	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Diverter valves	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Filter gaskets & seatings	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Cartridge filter housings	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Are seals and gaskets periodically replaced before they become brittle?	Yes No <input type="checkbox"/> <input type="checkbox"/>

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35	What type of solvent leak detection systems are in use?
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36	What other methods are used to detect leaks? (e.g.; drip pans etc)
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Miscellaneous Operations and Maintenance

37	Are all machines operated as per manufacturer’s specifications and recommendations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38	Are machine doors kept closed except when transferring clothes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39	Are all spent cartridges drained at least 24 hours before disposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
40	Are spent cartridges steam stripped before disposal? (<i>Alternative to question #35</i>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Perc and Perc Waste Handling Areas

Storage and Disposal

41	Is perc stored on-site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
42	Is all perc stored in tightly sealed containers and free from leakage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
43	How frequently is perc delivered to the facility	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Biannual <input type="checkbox"/>	Other* <input type="checkbox"/>

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	*explain				
44	How is perc delivered to the dry cleaning machine(s)?	Drums <input type="checkbox"/>	Tank <input type="checkbox"/>	Direct from Truck <input type="checkbox"/>	Other* <input type="checkbox"/>
	*explain				
Satellite Waste Accumulation Area(s)					
45	Do satellite waste accumulation areas contain less than 55 gallons of accumulating waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
46	Are all full containers sealed and dated less than 3 days (72 hours) ago?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
47	Are all containers tightly closed and free from leakage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
48	Are all containers clearly marked as hazardous waste with a Hazardous Waste label?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
49	Do all containers bear a date representing the day the container was filled and designated for disposal/treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
50	Are all the dates on the containers in compliance with on-site waste storage time limits for generators of hazardous wastes? CESQGs - No limit SQGs - 180 Days SQGs that transport 200 miles or more - 270 Days Date on Containers - / /	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
51	If the time limit is exceeded, does the facility have the required EPA permit for storage facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

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52	<p>The facility must not be storing quantities of waste in excess of the quantity storage limits (<i>See # 46</i>). Determine whether the facility is in compliance as follows:</p> <p>Determine the total weight of all perc wastes in the storage area.</p> <p>Drum Capacity <i>15 Gallons - 120 lbs/55 kg</i> <i>30 Gallons - 240 lbs/110 kg</i> <i>55 Gallons - 440 lbs/200 kg</i></p> <p>Maximum quantity limits are:</p> <p>CESQG - 2,200 lbs SQG - 13,200 lbs</p> <p>For 15- gal containers:</p> <p># of full containers _____ x 120 lbs./container = _____ lbs in storage.</p> <p>For 30-gal containers:</p> <p># of full containers _____ x 240 lbs/container = _____ lbs in storage</p> <p>For 55 gal containers:</p> <p># of full containers _____ x 440lbs/container = _____ lbs in storage</p> <p>On site storage is _____ lbs</p> <p>Is the facility in compliance? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Hazardous Waste Shipping

53	Does the facility ship hazardous waste offsite?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
54	Does the facility track the wastes with a manifest form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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55	Are all containers labeled with the 4-inch DOT POISON label <u>when being shipped</u> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
56	Are all containers marked with the proper DOT Shipping name and number?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wastewater Management			
57	Does the facility discharge industrial wastewater into the following:		
	Municipal Sewer *If 'Yes': Name of POTW - _____ Permit # (if applicable) - _____	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
	On-site disposal system which meets the definition of injection well	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Holding Tank	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>For Discharges to Municipal Sewers</i>			
58	Does the facility have a current wastewater permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
59	If not, has the facility applied for a permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
60	Is monitoring conducted as required by the permit (with respect to sampling location and frequency)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
61	Does the facility have a sampling point available which is representative of its process wastewater discharged to the POTW?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
62	Is the effluent currently in compliance with the limitations established in the permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
63	Has the discharge changed significantly since the permit was issued?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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64	If the facility discharges to a POTW, has it complied with the record keeping and reporting requirements contained in 40 CFR 403.12(o)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
65	Has the facility ever discharged 15 kg of perc to the POTW within a calendar month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
66	If so, were the proper authorities notified of the release?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>For Discharges to Injection Wells</i>			
67	Does the facility have a Federal or State UIC permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
68	Does the facility dispose of perc wastes and/or other hazardous chemicals in the injection well?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>For Discharges to Holding Tanks</i>			
69	Does the facility have the tank pumped out regularly by a licensed waste hauler for proper, legal disposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Record keeping and Reporting Requirements			
Reporting			
70	Did the facility file an initial report with EPA (by June 18, 1994, or upon startup for new facilities)? Date Filed: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
72	Did the facility file a compliance report (within 30 days of startup or 30 days after NESHAP regulations take effect)? Date Filed: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Record keeping

72	Are the results of temperature sensor monitoring for refrigerated condensers kept on record for the past 5 years of operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
73	Do the results show that all refrigerated condensers are in compliance with performance requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
74	Are the results of colorimetric tube monitoring for carbon adsorbers kept on record for the past 5 years of operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
75	Has a periodic (at least weekly) desorption schedule been established and adhered to for each adsorber?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
76	Does monitoring of adsorbers take place during the last run prior to desorption?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
77	Do the results show that all carbon adsorbers are in compliance with performance requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
78	Are monthly totals of perc purchase records kept on-site for the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
79	Are records of weekly/biweekly inspections for leaks available for each machine for the last 5 years (or since startup)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
80	Are detected leaks repaired within 24 hours whenever possible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
81	Are all needed repair parts ordered within 2 working days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
82	Are needed repair parts installed within 5 days of receipt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
83	Are copies of manifest forms maintained on-site for 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
84	Are any return copies of manifest forms (from the waste receiving facility) missing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
85	If so, have exception reports been filed and copies maintained on-site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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86	Are copies of the design specifications and operating manuals for each dry cleaning system and each emission control device kept on-site at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
87	Has the solvent mileage been calculated for each machine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
88	If not, does the facility owner understand how to calculate solvent mileage and how to use it as a waste minimization indicator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><i>Solvent (Perc) Mileage Formula:</i></p> <p><i>Loads per day x Days per week x weeks per year = Total Weight</i></p> <p><i>Gallons/Year x 1000 = Total Gal Perc/1000 lbs</i></p> <p><i>Total Weight /Total Gal Perc = Solvent Mileage</i></p>			

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