

NTTC – January, 2003

DATE COMPLETED \_\_\_\_\_

TANK TRUCK CLEANING FACILITY AUDIT FORM

GENERAL INFORMATION

Company DFW Tank Cleaning

Physical Address 4306 I-35E North

City, State, Zip Code Waxahachie, TX 75165

Telephone 9729378118 Fax 9729379131

Mailing Address Same

City, State, Zip Code

Directions from nearest Interstate: From I-35E exit Lofland Road

Hours of operation:

Monday – Friday: 0700-2300

Saturday: 0700-1200

Sunday:

Person to contact: Joe Svehlak Title: Facility Manager

Product limitations: Call for limitations

Does this facility offer cleaning services outside of normal business hours?  Yes  No

If YES, please note person to contact: Joe Svehlak

Telephone (s) (972)877-8613 Fax

E-mail Address info@dfwtankcleaning.com Website Address dfwtankcleaning.com

Service capabilities: (check all offered at this facility)

- a. Presolve
- b. Caustic
- c. Detergent
- d. Steam
- e. Hot/cold rinse
- f. Exterior wash
- g. Drying
- h. Food grade cleaning
- i. IBC cleaning
- j. ISO container cleaning
- k. Strip wash
- l. Dry bulk container cleaning
- m. Power unit maintenance
- n. Tank maintenance
- o. Pumps
- p. Hoses
- q. Application of nitrogen blanket
- r. Kosher Certification
- s. Product heating
  - Max Temp 30 degree rise
  - Max boiler psi 15
- t. Other Rail Transload

If other, please note: RO Rinse, hose, valve

1. Does this facility have insurance?  Yes  No

**NTTC – January, 2003**

- 2. If YES, who is insurance carrier? Greenwich Insurance
- 3. What are the aggregate amounts? \$2,000,000.00
- 4. Does the facility have any environmental impairment liability coverage?  YES  No
- 5. Is facility self-insured?  YES  NO
- 6. If YES, please note gross revenues or estimated equity:  
Is this facility 1. Owned?  2. Leased?

Date this audit form completed: 9/15/08  
Person completing audit form: Joesph Svehlak  
Title: Facility Manager  
Company: DFW Tank Cleaning  
Audit certified by: Joseph E Brown  
Title: Consultant  
Company: TEC Environmental

**SAFETY SECTION**

Please answer *YES* or *NO* to the following questions and provide details as required:

**A. RIGHT-TO-KNOW (29 CFR 1910.1200)**

- 1. Does facility have a written employee right-to-know program?  YES  No
- 2. Is right-to-know training conducted?  YES  No  
If YES, when at time of hire
- 3. Are training records kept at the cleaning facility?  YES  No  
If NO, where kept?
- 4. Are MSDS for products handled and used at the facility readily accessible?  YES  No
- 5. Are containers of hazardous materials properly labeled in English?  YES  No
- 6. Is right-to-know information posted?  YES  No  
If YES, where: breakroom

**B. CONFINED SPACE ENTRY (29 CFR 1910.146)**

- 1. Does a confined space entry program exist at the facility?  YES  No
- 2. Has facility been surveyed for confined spaces?  YES  No
- 3. Is there a written procedure for confined space entry?  YES  No
- 4. Is training for confined space entry conducted?  YES  No
- 5. Are there permit-required confined spaces at the facility?  YES  No
- 6. Is permit-required confined space entry conducted?  YES  No

Does written policy exist for the “stand-by” person on a confined space entry?  
 YES  No

- 7. Where is permit posted? entry to space
- 8. What are facility's atmospheric testing capabilities? four gas system

What tests are conducted prior to tank entry?

- a. Oxygen content?  c. Toxicity?
- b. Flammability?  d. Other

- 9. What confined space entry equipment is available? (Check all that apply)

- a. Mechanical ventilation  f. Motion detector
- b. Mechanical retractor  g. Supplied air
- c. Harness Compressor supplied or
- d. Lifeline Bottle required on an entry
- e. Alarm  h. Other

- 10. How often is confined space entry equipment inspected? start of shift

- 11. Who provides confined space entry rescue?

Outside team  Emergency responders

- 12. If emergency responders, what rescue equipment is available for tank entry, and how often is it inspected?

- 13. Are periodic rescue drills conducted?  YES  No

**C. PERSONAL PROTECTION (29 CFR Subpart I)**

- 1. Has a hazard assessment been conducted to evaluate the hazards in the workplace and to select proper equipment (29 CFR 1910.132)?  YES  No
- 2. Does the facility conduct initial and periodic training (1910.132)?  YES  No
- 3. Is the following proper personal protective equipment available and utilized according to the existing hazards? If the answer is YES, please briefly describe the equipment in the space provided.

<u>PROTECTIVE EQUIPMENT</u>	<u>YES or NO</u>	<u>DESCRIPTION</u>
a. Eye/Face	Yes	Shield and Gogle
b. Head	yes	hard hat
c. Foot	yes	steel toe rubber boot
d. Hand	yes	pvc gloves

If other, please describe:

- 4 Does the facility have a clothing policy (shoes, shirts, etc.)?  YES  No
- 5 Does the facility use or clean OSHA-regulated substances (29 CFR1910.1000)?  
 YES  No
- 6 Does the facility have a written respiratory protection program(29 CFR 1910.134)?  
 YES  No
- 7 If utilized, are breathing air cylinders properly stored?  YES  No
- 8 Are respirators readily available?  YES  No
- 9 Is respirator training documented through written records on site?  YES  No

**D. HOUSEKEEPING**

- 1. What are the facility’s housekeeping policies? end of shift
- 2. Are floors, racks and railing cleaned daily? yes
- 3. Are sumps and drains inspected on a pre-determined schedule and cleared of residue as necessary? yes
- 4. Are floors and aisles continually cleared of trip hazards? yes
- 5. Are areas around safety shower/eye wash stations and fire extinguishers kept clear? yes

Housekeeping comments: New Facility

NTTC – January, 2003

E. EMERGENCY RESPONSE

- 1. Is there a written emergency response contingency plan at the facility, including provisions for community notification (40 CFR264.50 Subpart D)?  YES  No
- 2. Are emergency phone numbers current and posted?  YES  No
- 3. Are escape routes easily identified and kept clear of obstructions?  YES  No
- 4. Is the following emergency equipment available and serviceable?
  - a. First aid kit  YES  No
  - b. Emergency oxygen/breathing air  YES  No
  - c. Fire extinguishers  YES  No
  - d. Emergency showers/eye wash  YES  No
  - e. Panic alarm  YES  No
  - f. Other  YES  No

If other, please describe: building fire suppression

- 5. Does policy exist for initial and periodic training in the following? (If YES, please also note the frequency with which training is conducted and whether or not both the training and frequency are documented)?

	TRAINING (YES or NO)	FREQUENCY	DOCUMENTATION (YES or NO)
a. First aid	yes	annually	yes
b. CPR	yes	annually	yes
c. Fire extinguisher use	yes	annully	yes
d. Implementation of Emergency Response Contingency Plan	yes	monthly	yes

F. GENERAL SAFETY/SECURITY

- 1. Is someone on site 24-7?  Yes  No
- 2. Guard service on-site?  Yes  No
- 3. Is the facility fenced?  Yes  No
- 4. Do concrete parking pads exist on-site?  Yes  No
- 5. Are gates locked when the facility is closed?  Yes  No
- 6. Is there adequate lighting for the night parking of units?  Yes  No
- 7. Is there adequate parking for the expected amount o business to be generated?  Yes  No
- 8. Is there an equipment sealing service available?  Yes  No

NTTC – January, 2003

9. Is there a "sign in/out" policy for equipment arriving/departing the facility?  Yes  No

Explain on arrival and departure

10. Are appropriate hazard warning signs posted?  Yes  No

11. Is the facility equipped with fall protection?  Yes  No

If YES, please describe: miller harness system on rail with supplemental grab rail

12. Describe lighting systems for general tank cleaning operation as well as for tank entry: pendant lights, explosion proof for entry

13. Are vapor-proof and explosion-proof droplights used?  Yes  No

14. Are grounding cables utilized?  Yes  No

15. Describe ventilation for general tank cleaning operation as well as for tank entry: forced air blowers

16. How are incompatible materials segregated? In the waste containment area by class.

17. Describe cleaning chemicals storage area (i.e. containment, run-on/run-off, compatible materials, spill control, etc.): material is stored in tote/barrel on containment skids

18. Are fire-resistant containers used for appropriate storage of flammable materials?  Yes  No

19. Are OSHA 300 Forms posted in February and maintained for five (5) years?  Yes  No

Comments on GENERAL SAFETY/SECURITY:

**G. DRUG AND ALCOHOL PROGRAMS**

1. Does the facility have a drug/alcohol-testing program?  Yes  No If YES, please explain briefly: pre-employment random, reasonable suspicion, post injury

2. Does the facility have an employee assistance program (EAP)?  Yes  No

**H. WORKER PHYSICALS**

1. Does the facility require a post-job offer physical as a condition of employment?  Yes  No

2. Are follow-up physicals and/or medical monitoring performed?  Yes  No If YES, how often? annually

**RCRA SECTION**

1. What types of materials are cleaned at this facility (Check all that apply)?

a. Non-regulated materials

b. RCRA empty containers

c. U-listed materials

d. P-listed materials

e. RCRA hazardous wastes

f. Other

If other, please explain: dedicated food grade bay

2. Does this facility generate any hazardous waste?  Yes  No

NTTC – January, 2003

If yes, please list the 12-digit EPA generator identification/notification number (40 CFR 262):  
TXR000079176

3. Does this facility have a Treatment, Storage and Disposal (TSD) permit?  Yes  No

If YES, please list EPA identification number:

4. Does the facility hold hazardous waste in excess of 90 days?  Yes  No

If YES, please explain:

5. Has industrial or hazardous waste ever been disposed of on-site?  Yes  No

If YES, please describe:

6. Does the facility have a written waste-management program?  Yes  No

7. If YES, is waste-management program available for inspection?  Yes  No

8. In regards to **regulated waste streams**, list the following:

- 1) current wastes: 0001203H
- 2) methods of disposal: Outside Recycling/TSD Contractor
- 3) company name of facility receiving waste: Pollution Control Millington
- 4) address of facility receiving waste: 5485 Victory Lane Millington, TN 38053
- 5) receiving disposal facility's EPA identification number: TND000772186
- 6) transporter's name: Univar TXD981154388

9. In regards to **non-regulated waste streams**, list the following:

- 1) current wastes: 00025031 (DAF Float)
- 2) methods of disposal: Secure Landfill
- 3) company name of facility receiving waste: BFI Itasca Landfill
- 4) address of facility receiving waste: 2559 FM 66 Itasca, TX 76055
- 5) receiving disposal facility's EPA identification number: N/A
- 6) transporter's name: CC Cob IL9881195720

10. Does the facility generate F-listed solvent wastes in the cleaning process (40 CFR 261.31)?  
 Yes  No

11. Describe the facility's internal procedures to account for and to track waste generated: Manifests

12. Where, and for how long, are internal waste records kept? At the facility for three years.

NTTC – January, 2003

13. Are hazardous waste manifests completed, tracked, filed and retained for three years per applicable regulations (40 CFR 262.40)?  Yes  No

Are land disposal restriction (LDR) forms tracked with the manifest and retained for five years?  
 Yes  No

14. How are hazardous wastes accumulated? (Check all that apply) (40 CFR 265.170 Subparts (I), (J))

- a. Drums
- b. Aboveground Storage Tanks
- c. Underground Storage Tanks
- d. Tank Trailers
- e. Other

If other, please explain:

15. Describe the facility's waste management area (i.e. drum storage, concrete pad, etc.) All drum storage is under roof and on concrete.

16. Does the facility have in place a written annual training and documentation program for all employees handling hazardous wastes (40 CFR 262)?  Yes  No

17. Is the RCRA training program administered by a qualified instructor?  Yes  No  
If YES, what are the instructor's qualifications (40 CFR 262)? 40 hour Hazwopper train the trainer course.

18. Does the facility have a waste minimization plan?  Yes  No  
If YES, please describe briefly: Recycling/Re-use of material.

19. Has this facility had a RCRA inspection?  Yes  No  
If YES, please provide date of most recent inspection:

20. Has this facility had any RCRA violations?  Yes  No  
If YES, please explain:

21. Is the facility under any type of RCRA regulatory compliance order or action?  Yes  No \_\_\_  
If YES, please explain:

22. Does the facility have underground storage tanks (40 CFR 280)?  Yes  No  
If YES, please list tank age, size, and type of service:

TANK AGE	SIZE	TYPE OF SERVICE
----------	------	-----------------

23. Who is the person to contact regarding environmental questions?

Name: Joesnh Svehlak

NTTC – January, 2003

Title: Facility Manager

Telephone(s): 9729378118 Fax(es) 9729379131

E-mail address: j.svehlak@dfwtankcleaning.com

**CERCLA SECTION**

1. Is the facility presently, or has the facility in the past, been involved in any CERCLA corrective action on-site?  Yes  No

If YES, please explain:

2. Is the facility included on CERCLA's list or state's list?  Yes  No

3. Is this facility included on the National Priority List or state's list?  Yes  No

**CLEAN WATER ACT SECTION**

1. Describe containment and drainage in cleaning rack operations area (i.e. roof[s]), number of bays): Six bay enclosed building with a floor trough to sump inside covered contained treatment area.

2. How do you dispose of your wastewater effluent (check all that apply)?

- a. Treated on-site and discharged under a NPDES permit
- b. Pretreated on-site, then discharged to a POTW
- c. Discharged directly to a POTW
- d. Discharged directly to a ditch, stream, river, lake, ocean, ground, etc.
- e. Wastewater collected and sent off-site to a permitted commercial wastewater treatment facility
- f. Other

If other, please explain:

3. If pretreatment is used, please describe system: heel management, first flush segregation, equallazation, ph adjustment, chemical physical, DAF, discharge with ph monitor of discharge.

4. If a POTW or a permitted commercial wastewater disposal facility is used, please list:

<u>NAME</u>	<u>ADDRESS</u>	<u>PERMIT NUMBER</u>
City of Waxahachie		38015

NTTC – January, 2003

5. List permits, and agencies that issued the permits, for wastewater and sludge disposal, if applicable:

PERMIT

AGENCY

6. List the testing requirements to satisfy wastewater permits: Monthly testing for TSS, BOD, COD and Metals.

7. What are the permit limits for pollutants regulated under the pretreatment standards from the 2000 TEC Final Rule (40 CFR § 442)? See Attached

8. Is this facility complying with the 2000 EPA Effluent Guideline Limitations by way of a pollutant management plan or through numeric limitations? Explain: Yes/Both

9. Describe the self-monitoring you perform to control pre-treatment process: 30 day testing.

10. Is the analysis listed in response to question number 7 available for inspection?  Yes  No

11. Has this facility been audited or inspected by any wastewater regulatory agency in the past 12 months?

Yes  No If YES, list agencies and dates:

AGENCY

DATE

City of Waxahachie

05/2008

12. Is this facility operating under any wastewater compliance orders?  Yes  No

If YES, please explain:

13. Does facility have a storm water run-off permit?  Yes  No

If YES, is permit MULTI-SECTOR GENERAL  or is it INDIVIDUAL

14. If facility has a storm water permit, what is permit identification number?

15. Does the facility have a Storm water Pollution Prevention Plan and/are Best Management Practices in place?  Yes  No If YES, please describe briefly: All operations conducted under roof and on concrete

**CLEAN AIR ACT SECTION**

1. Identify all processes and equipment covered by any air permits (tank cleaning, boiler, wastewater treatment, tanks, lot dust, etc.):

PROCESS OR EQUIPMENT

PERMIT NUMBER

AGENCY

Flare

82778

TCEQ

- 2. List any air pollution control technologies employed: Flare
- 3. Is the facility under any type of air compliance order or action?  Yes  No  
If YES, please explain:
- 4. Has this facility been audited or inspected by any air regulatory agency?  Yes  No  
If YES, please list agency and dates:

AGENCY  
TCEQ

DATE  
07/2008

- 5. Please characterize the community in which facility is located (i.e. proximity to residential areas, schools, etc.): Heavy Industrial

**SOIL SECTION**

- 1. Does the facility have underground tanks? If yes, list tank age, size and type of service:

Size/Gallons	Age	Type of Service
N/A		

- 2. Has a soil/subsoil evaluation been completed in the last: 2007New Facility evaluation conducted at time of construction

- 2 Years  More than 5 years
- 5 Years  Do not know

Please explain: New Facility-at time of construction

- 3. Is the facility presently or has the facility in the past been involved in an on-site soil clean up for:
  - Fuel tank/drum leakage/replacement?  Yes  No
  - Waste oil tank/drum leakage/replacement?  Yes  No
  - Chemical tank/drum leakage/replacement?  Yes  No
  - Glycol tank/drum leakage/replacement?  Yes  No

**NTTC – January, 2003**

Battery storage area leakage?

Yes  No

Cleaning fluids container leakage?

Yes  No

**NTTC – January, 2003**

Other, explain?

Yes  No

4. Are there any areas of suspected contamination by a third party?

Yes  No

**CONCLUSION**

Further comments regarding this tankwash: During final phases of construction fenced and illuminated trailer parking available at site. Upon completion of construction after hours security will be onsite along with current surveillance system.

**CERTIFICATION**

I certify that I have personally examined and am familiar with the information submitted in this document, and based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

Signed Ben Kelley Title Consultant Date 8/30/08

Printed Name: Ben Kelley

\* \* \* \* \*

Facility receiving complete audit.

I acknowledge that I have received this and audit and wish to make the following comments on the audit.

Signed Title Date

Printed Name:

Disclaimer: Information in this audit form has been gathered from numerous sources and represents NTTC's best understanding of what is necessary to conduct a review and assessment of cargo tank cleaning facilities. Use of this form is voluntary. NTTC makes no representation, warranty or guarantee, expressed or implied, as to the correctness or sufficiency of material in this form, and NTTC assumes no responsibility or liability whatsoever in connection therewith.

**DISCHARGE LIMITS**

Parameter	Units	Daily Maximum	Monthly Average	Method of Collection	Sampling Frequency
Aluminum	Milligrams/Liter	22.5	7.5	24 hr. Composite	1/mo.
Arsenic	Milligrams/Liter	0.2	0.2	24 hr. Composite	1/mo.
Cadmium	Milligrams/Liter	0.1	0.1	24 hr. Composite	1/mo.
Chromium	Milligrams/Liter	3.4	1.6	24 hr. Composite	1/mo.
(1) Copper	Milligrams/Liter	0.84	0.84	24 hr. Composite	1/mo.
Cyanide (amendable)	Milligrams/Liter	1.4	0.5	Grab	1/mo.
Fluoride	Milligrams/Liter	65	65	24 hr. Composite	1/mo.
Lead	Milligrams/Liter	1.0	0.6	24 hr. Composite	1/mo.
** (2) Mercury **	Milligrams/Liter	<0.0002	<0.0002	24 hr. Composite	1/mo.
Nickel	Milligrams/Liter	2.1	2.1	24 hr. Composite	1/mo.
Selenium	Milligrams/Liter	0.04	0.04	24 hr. Composite	1/mo.
Silver	Milligrams/Liter	0.3	0.1	24 hr. Composite	1/mo.
Zinc	Milligrams/Liter	5.0	5.0	24 hr. Composite	1/mo.
Total Phenols	Milligrams/Liter	1.0	1.0	Grab	1/mo.
* Total Dissolve Solids		Report Only	Report Only	24 hr. Composite	1/mo.
Minimum pH	Standard Units	5.5	5.5	Grab	1/mo.
Maximum pH	Standard Units	9.0	9.0	Grab	1/mo.
Permitted Flowrate	Gallons/Minute	Report Only	Report Only	24 hr. Composite	1/mo.
Daily Permitted Flowrate	Gallons/Day	Report Only	Report Only	24 hr. Composite	1/mo.
(3) Non-Polar Material (SGT-HEM)	Milligrams/Liter	26		24 hr. Composite	1/mo.
<b>Surcharge Billing will be Applied to these Parameters</b>					
BOD5	Milligrams/Liter	240	240	24 hr. Composite	1/mo.
TSS	Milligrams/Liter	270	270	24 hr. Composite	1/mo.

The adaptation of the "Clean Method of Sampling" for the analysis of Mercury may be assigned to the sampling plan for this industry at the discretion of the Director.

Total Dissolved Solids are report only at this time.