

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 PO Box 597

City, State, Zip Code Waxahachie, TX 75168

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

Hours of operation:

Monday – Friday: 0001-2359

Saturday: 0001-2359

Sunday: 0001-2359

Person to contact: Joe Svehlak Title: Facility Manager

Product limitations: no chloronated solvents or asphalt

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

If YES, please note person to contact: Joe Svehlak

Telephone (s) 9728778613 Fax

E-mail Address info@dfwtankcleaning.com Website Address www.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 50
- t. Other

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

1. Does this facility have insurance? Yes No

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- 2. If YES, who is insurance carrier? Greenwich Insurance
- 3. What are the aggregate amounts? \$10,000,000.00
- 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: 5/3/12

Person completing audit form: Kamran Rahimian

Title: Environmental Compliance Manager

Company: DFW Tank Cleaning

Audit certified by:

Title:

Company:

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>
<i>a. Eye/Face</i>	Yes	Shield and Gogle
<i>b. Head</i>	yes	hard hat
<i>c. Foot</i>	yes	steel toe rubber boot
<i>d. Hand</i>	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

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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	montly	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

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- 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? Separate Storage Areas
- 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

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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: Flammables & Corrosives
- 2) methods of disposal: Fuel Blending & Neutralization
- 3) company name of facility receiving waste: Various Offsite Facilities
- 4) address of facility receiving waste:
- 5) receiving disposal facility's EPA identification number:
- 6) transporter's name:

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

- 1) current wastes: DAF sludge & Various Nonregulated Wastes
- 2) methods of disposal: Landfill
- 3) company name of facility receiving waste: Various Offsite
- 4) address of facility receiving waste:
- 5) receiving disposal facility's EPA identification number:
- 6) transporter's name:

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 & BOL's

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

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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: Fuel Blending, Re-use, and Recycling when possible.

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

Name: Kamran Rahimian

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Title: Environmental Compliance Manager

Telephone(s): 9729237522 Fax(es) 9729237599

E-mail address: k.rahimian@cccob.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

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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: See Attached

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

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

9. Describe the self-monitoring you perform to control pre-treatment process: Continous monitoring and logging; WWTS Operator.

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

02/2012

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:

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

82778

TCEQ

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- 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	DATE
TCEQ	2009
TCEQ	2010

- 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

- 2. Has a soil/subsoil evaluation been completed in the last:

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

Please explain:

- 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
- Battery storage area leakage? Yes No
- Cleaning fluids container leakage? Yes No
- Other, explain? Yes No

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4. Are there any areas of suspected contamination by a third party? Yes No

CONCLUSION

Further comments regarding this tankwash:

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 Kamran Rahimian Title Env. Comp. Mgr. Date 5/3/12

Printed Name: Kamran Rahimian

* * * * *

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.