

STATE OF COLORADO

Bill Owens, Governor
Douglas H. Benevento, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment



Generator Assistance Program Pre-Visit Questionnaire

Company Name: _____

Company Contact: _____ Contact Telephone: _____

General

- | | Yes | No |
|--|-----|-------|
| 1. Have you determined what your waste streams are and if any of your wastes streams meet the definition of a hazardous waste? | | |
| 2. What are your hazardous waste streams? | | |
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| What are your non-hazardous solid waste streams? | | |
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| 3. How much hazardous waste do you generate per month? | | _____ |
| 4. How much hazardous waste do you have stored on site on an average day? | | _____ |
| 5. How long do you keep your hazardous waste on site before shipping? | | _____ |
| 6. Do you have an EPA identification number? If so, what is it? | | _____ |
| 7. What hazardous waste disposal facility receives your waste? | | _____ |

- | | | | |
|-----|---|-----|----|
| 8. | Do you ship your hazardous waste on a hazardous waste manifest? | Yes | No |
| 9. | Do you have land disposal restriction forms sent to each hazardous waste disposal facility that correctly identify each hazardous waste stream? | Yes | No |
| 10. | How long do you keep your manifests and land disposal restriction records? | | |

Container Management

- | | | | |
|-----|---|-----|----|
| 11. | Do you mark your hazardous waste containers with the words “Hazardous Waste”? | Yes | No |
| 12. | Do you keep your hazardous waste containers closed except when being filled? | Yes | No |
| 13. | Are your hazardous waste containers in good condition? | Yes | No |
| 14. | Have you marked your hazardous waste containers with an accumulation start date? | Yes | No |
| 15. | Do you have any satellite accumulation containers or areas? | Yes | No |
| 16. | Have you identified your satellite accumulation containers with words that describe your waste or with the words hazardous waste? | Yes | No |
| 17. | Do you keep your satellite accumulation containers closed except when being filled? | Yes | No |
| 18. | Are your satellite accumulation containers in good condition? | Yes | No |

Emergency Preparedness

- | | | | |
|-----|---|-----|----|
| 19. | Have you identified an emergency coordinator for your facility? | Yes | No |
| 20. | Do you have the name and home phone number of the emergency coordinator posted by the telephones? | Yes | No |
| 21. | Do you have the locations of your emergency equipment (spill equipment, fire extinguishers, etc.) posted by the telephones? | Yes | No |
| 22. | Have you determined what hazardous wastes can be safely stored together? | Yes | No |
| 23. | Are incompatible wastes segregated from each other? | Yes | No |
| 24. | Is adequate aisle space provided around the containers of hazardous waste to allow for unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment? | Yes | No |
| 25. | Is the local fire department aware that you store hazardous waste on site? | Yes | No |
| 26. | What fire protection district you are in? | | |

Training

- | | | | |
|-----|--|-----|----|
| 27. | Have you determined which employees need hazardous waste training? | Yes | No |
| 28. | If so, how did you make that determination? _____ | | |
| 29. | Are all employees adequately trained for hazardous waste management and emergency response procedures? | Yes | No |

- | | | | |
|-----|---|-----|----|
| 30. | Is hazardous waste training up-to-date for your employees? | Yes | No |
| 31. | Do you keep records of hazardous waste training received by your employees? | Yes | No |
| 32. | If so, what records do you keep? _____ | | |

Used Oil

- | | | | |
|-----|--|-----|----|
| 33. | Are containers of used oil marked with the words "Used Oil?" | Yes | No |
| 34. | Has your facility taken measure to prevent the release of used oil to the environment? | Yes | No |
| 35. | If so, please describe the measures taken. _____ | | |

Comments (please write in any specific comments or hazardous waste management questions you have that were not covered by the questionnaire):

For questions call Kathryn Stewart at 303-692-3415.

Please send this completed questionnaire to:

**Kathryn Stewart
Building B
CDPHE-HMWMD
4300 Cherry Creek Drive South
Denver, Colorado 80246**

or fax the completed form to Kathryn Stewart, at 303-759-5355.