

DSCA INSPECTION CHECKLIST (Compliance / Outreach)

Date _____ Inspector: _____ Time: _____ - _____

Name of Facility: _____ Facility ID#: _____

Address: _____

City: _____ Zip: _____ County: _____

Contact: _____ Title: _____ Phone: _____

Owner's Name (if different from above): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate/cell Phone #: _____ Email: _____

Property Owner (if different from facility owner): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate/cell Phone #: _____ Email: _____

Previous Ownerships/ Facility Names/ Solvents used in the past (include dates):

Facility Name	Owner	begin date	end date	Solvents used

Store Type (drop store, full service, Industrial uniform, Industrial linen supply, Solvent supplier)

Establishment Date of Facility: _____ Type of Facility: (circle) New Existing

Establishment Date of Current Ownership: _____

Type\Types of Dry Cleaning Solvent: (1) _____ (2) _____

Perc, do you use a closed container solvent transfer system? (circle) Yes No

Do you store extra solvent onsite? (circle) Yes No

Do you have spill containment installed for: machine, waste storage & solvent storage areas?

Facility conjoined with: day care, school, food store, restaurant, or residence? (circle) Yes No

Is a water supply well onsite? Yes No Is there a body of water next to the facility? Yes No

Does the facility service pickup stores? Yes No (If Yes list all stores, phone#s and addresses)

Drycleaning Equipment

Type of Machine ¹	Generation of machine	Manufacturer / Model #'s	Install Date	Machine Capacity (lbs)	Control Device ² and Installation Date	Serial #

¹Dry-to-Dry, Transfer ²Refrigerated Condenser (RC) or Carbon Adsorber (CA) or both

Number of solvent tanks _____ Total capacity of solvent tanks _____
 Estimate of total solvent in tanks _____ Does this exceed containment capacity? Yes No
 Machine observed in operation? Yes No Condenser exit temp observed at end of cycle: ____ C / F

Solvent Usage

Quantity of Perc purchased/ and or delivered over the past 12 months: _____ Gal/Yr

Size of facility: _____ Small _____ Large _____ Major

Solvent Delivery Company: _____ Phone: _____

Delivery Company Address: _____

Waste/Filters

Amount of waste generated monthly (lbs): _____ Waste Generator classification _____

(CESQG: < 220 lbs per mth, SQG: between 220 lbs and 2200 lbs per mth, LQG: > 2200lbs)

Amount of waste stored onsite: _____ Drums labeled? Yes No Drums dated? Yes No

DO you have an EPA ID number? (circle) Yes No EPA ID number: _____

Filter Types: _____ Filter Cleaning Schedule: _____

Cartridge filters drained in housing/sealed containers for minimum of 24 hours? (circle) Yes No

Used Filters Drained in Leak-Tight Containers for Disposal? (circle) Yes No

Primary Transporter _____ Primary Transporter EPA ID _____

Address: _____

Designated Facility: _____ Designated Facility EPA ID _____

Address: _____

Is there an onsite waste treatment unit being used? (circle) Yes No

If So, What is the type, make and model? _____

How often are filters changed? _____ Is there a filter change log? (circle) Yes No

Are spent filters properly disposed of in waste containers? _____

Number of employees that do not fluently read or speak English: _____ Please indicate languages spoken by these employees (at work). This will help identify needed translation information.

____ Korean, ____ Vietnamese, ____ Chinese, ____ Spanish, ____ Other (_____)

Inspection for Liquid/Vapor Perc Leaks

Items Inspected	Comments
Hose & pipe connections	
Fittings, couplings, and valves	
Door gaskets and seatings	
Filter gaskets and seatings	
Pumps	
Solvent tanks and containers	
Water separators	
Muck cookers	
Stills/distillation units	
Exhaust Dampers	
Diverter Valves	
All filter housings	
Button trap	
Waste containers	
Onsite waste treatment equipment	

Halogen detector utilized? Y N

Areas of concern:

Reporting and Recordkeeping (On-Site Records)

	Verify/Review	Comments
(b)	Notification of Compliance status received? (initial notification due 6/18/1994) (newly constructed perc facility within 30 days)	
(d)	Perc Purchase Receipts from the past 5 years	
(b)(2)	Perc 12-mth rolling calculations from past 5 years	
(d)(3)	Leak Detection Log from the past 5 years	
(d)(4)	Repair log from the past 5 years	
	Good Housekeeping Practices	
(d)(6)	Carbon Adsorber Log, if application	
(d)(5)	Temperature Sensor Monitoring Records (≤ 45° F or ≤ 7.2°C)	
(e)	Design Specifications and Operating Manuals for each machine?	
	MSDS Sheets available?	
	Emergency Response plan complete and posted in clear view by the phone?	
	Waste disposal records/manifests for past 3 years?	
	Onsite waste treatment unit logs?	

Facility is in compliance with requirements (circle) Yes No

Facility is in violation of (MMP's, HW, NESHAP) _____

Specific violations: _____
