U.S. Department of Justice
Federal Bureau of Prisons

P R O G R A M S T A T E M E N T
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National Environmental Protection Policy

/s/
Approved: Thomas R. Kane
Acting Director, Federal Bureau of Prisons

1. **PURPOSE AND SCOPE**

The new policy replaces the environmental compliance requirements (Chapter 3) in the Program Statement **Occupational Safety, Environmental Compliance, and Fire Protection Manual**. Issuance of this new policy was prompted by numerous changes to environmental laws and regulations since the Manual was issued in 2007. The purpose of this policy is to:

- Provide a safe and healthy environment for staff and inmates to work and live.
- Provide oversight and examination of environmental issues.
- Develop strategies to manage the impact of environmental regulations and standards affecting the Bureau.
- Ensure that Bureau institutions comply with current American Correctional Association (ACA) Standards; applicable National Fire Protection Association (NFPA), Federal, state, and local environmental regulations; and applicable Executive Orders.
- Promote energy conservation, reduction in waste streams, water consumption, and environmental emissions by using environmentally friendly products, educating inmates and staff regarding the need to protect the environment, and implementing Environmental Management Systems (EMS).
- To take a proactive role as an agency recognized for environmental awareness by implementing specific policies, procedures, programs and activities at all Bureau-owned or -operated facilities. Institutions, UNICOR operations, and Central and Regional offices will implement these policies and procedures, and initiate programs and activities specific to their location and operations.

- The Central Office Environmental Compliance Section provides environmental guidance, regulatory interpretation, environmental training, and EMS second party audits for the Bureau and all Bureau-owned or -operated institutions.

The scope of this policy is limited to environmental protection requirements dealing with:

- Environmental compliance.
- Environmental protection.
- Institution security.
- Responses to spills and similar emergencies.

This policy applies to:

- Bureau-owned or -operated institutions.
- UNICOR operations at Bureau institutions.

a. **Summary of Changes**

Policy Rescinded

P1600.09 Occupational Safety, Environmental Compliance, and Fire Protection (10/31/07); Chapter 3 (Environmental Compliance) only.

Numerous changes to environmental compliance codes, standards, and regulations have been incorporated into this policy.

b. **Program Objectives.** The objectives of this policy are:

- Proper management and disposal of hazardous wastes.
- Reporting of unsafe, unhealthy, or environmentally detrimental conditions by staff or inmates.
- Investigation and correction of unsafe, unhealthy, or environmentally detrimental conditions, as appropriate.
- Regular environmental compliance inspections/audits, as specified in this policy.
- Continual improvement in energy conservation, solid waste reduction, recycling, environmentally friendly product use, prevention of pollution, and water and energy conservation practices.
- Increased sustainable operations, including continuous institution reduction of their environmental impact.
- Identify, develop, initiate, and maintain environmental training programs.

c. **Institution Supplement**. None required. Should local facilities make any changes outside the required changes in the national policy or establish any additional local procedures to implement national policy, the local union may invoke to negotiate procedures or appropriate arrangements.

REFERENCES

Program Statements
None.

ACA Standards
- American Correctional Association Standards for Adult Correctional Institutions, 4th Edition: 4-4123, 4-4124(M), 4-4211(M), 4-4214(M), 4-4215(M), 4-4330(M), 4-4331(M), 4-4455
- American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-1A-02(M), 4-ALDF-1A-06, 4-ALDF-1A-07(M),4-ALDF-1C-01(M), 4-ALDF-1C-07(M),4-ALDF-1C-08(M), 4-ALDF-1C-09(M), 4-ALDF-1C-11(M), 4-ALDF-7D-01-1
- American Correctional Association Standards for Administration of Correctional Agencies, 2nd Edition: 2-CO-3B-01(M), 2-CO-4D-01

Records Retention
Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.

CONTENTS

ACRONYMS AND ABBREVIATIONS

ACA	American Correctional Association
AD	Assistant Director
AST	Aboveground Storage Tank
CAA	Clean Air Act
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CEO	Chief Executive Officer
CFR	Code of Federal Regulations
CWA	Clean Water Act
DOJ	U.S. Department of Justice
DOT	U.S. Department of Transportation
EE	Environmental Executive
EMS	Environmental Management System
EPA	Environmental Protection Agency
EPCRA	Emergency Planning and Community Right-to-Know
EPS	Environmental Protection Specialist
ESA	Endangered Species Act
ESCA	Environmental and Safety Compliance Administrator
FBOP	Federal Bureau of Prisons
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act
HSD	Health Services Division
HVAC	Heating, Ventilation, and Air Conditioning
HWSSC	Hazardous Waste Storage Site Coordinator
NESCA	National Environmental and Safety Compliance Administrator
NFPA	National Fire Protection Association
NOV	Notice of Violation
NPDES	National Pollutant Discharge Elimination System
NRC	Nuclear Regulatory Commission
ODS	Ozone Depleting Substance
POL	Petroleum, Oil, and Lubricant
POTW	Publicly Owned Treatment Works
RCRA	Resource Conservation and Recovery Act
RD	Regional Director
RESCA	Regional Environmental and Safety Compliance Administrator
SPCC	Spill Prevention, Control, and Countermeasures
SWPPP	Storm Water Pollution Prevention Plan
T4T	Training-for-Trainers
TPQ	Threshold Planning Quantity
TRI	Toxic Release Inventory
TSCA	Toxic Substance Control Act
UST	Underground Storage Tank

1. ENVIRONMENTAL PROTECTION DUTIES

a. Central Office

(1) **Assistant Director (AD)**. The AD, Health Services Division (HSD), is the designated Environmental Executive (EE) for the Bureau. He/she manages the Bureau's Environmental Compliance and Conformance programs and makes final determination on all environmental issues. The AD/EE is the Bureau liaison to the U.S. Department of Justice (DOJ) for all environmental issues. He/she grants EMS second party certifications to the Bureau institutions based on EMS second party audit results.

(2) **National Environmental and Safety Compliance Administrator (NESCA).** The (NESCA) reports to the AD, HSD on environmental issues. He/she:

- Oversees the management of the Bureau's environmental programs.
- Oversees the Environmental Compliance Chief.
- Provides technical direction to Regional Environmental and Safety Compliance Administrators (RESCAs).
- Provides direction and guidance on environmental protection issues that cannot be resolved at the institution or regional level.
- Interprets environmental protection policy and regulations.
- Serves as a technical resource for:

    - Emergency responses involving spills and similar emergencies.
    - Environmental protection programs.
    - Environmental protection initiatives.

(3) **Environmental Compliance Section Chief.** The Environmental Compliance Section Chief reports to the NESCA, HSD, on environmental issues. He/she:

- Oversees the daily operation of the Bureau's environmental protection program.
- Manages the Bureau's environmental compliance, EMS second party certification, and environmental training programs.
- Provides technical direction to Environmental and Safety Compliance Administrators (ESCAs) and RESCAs when environmental compliance and conformance issues cannot be resolved at the institution level.
- Provides technical assistance to the NESCA when interpreting environmental policy and regulations.
- Oversees the development and update of national environmental protection policy to reflect current regulations.

- Serves as a technical resource in the area of environmental compliance and protection.
- Ensures the compilation of data regarding Bureau-wide environmental trends.
- Ensures the effectiveness of environmental programs through monitoring program reviews findings, EMS internal/external audits, and performance of technical assistance visits.
- Ensures the monitoring and reporting of environmental protection data generated by institution personnel.
- Ensures the development and implementation of a tracking system for environmental compliance and conformance findings.
- Monitors environmental Notice of Violations (NOVs) and enforcement actions Bureau-wide.
- Aids institutions in responding to NOVs.
- Performs EMS second party certification audits.
- Ensures the development of and provides environmental compliance and conformance training.
- Provides technical assistance to institutions, including reviewing institutional environmental plans, permits, reports, and documents.
- Participates in institution technical assistance visits as the environmental subject matter expert.

(4) **Central Office Environmental Protection Specialist (EPS).** The Central Office EPS reports to the Environmental Compliance Section Chief, HSD, on environmental issues. He/she:

- Performs EMS second party certification audits.
- Develops and provides environmental compliance and conformance training.
- Compiles data regarding Bureau-wide environmental trends.
- Serves as the Bureau's environmental technical expert.
- Provides technical assistance to institutions, including reviewing institutional environmental plans, permits, reports, and documents.
- Participates in institution technical assistance visits as the environmental subject matter expert.
- Aids institutions in responding to NOVs.

(5) **Regional Environmental and Safety Compliance Administrator (RESCA).** The Regional Environmental and Safety Compliance Administrator reports to and advises the Regional Director on environmental issues. He/she:

- Ensures the effectiveness of environmental programs in the region by monitoring program reviews, environmental management second party audits, and staff assistance visits at institutions.

- Monitors reports and data generated by institution personnel.
- In conjunction with the National Environmental and Safety Compliance Branch, provides guidance and technical assistance to institution environmental and safety compliance personnel and helps resolve problems that cannot be resolved at the institution level.
- In conjunction with the National Environmental and Safety Compliance Branch, ensures institution compliance with Environmental Protection Agency (EPA) and other applicable Federal, state, and local regulations.
- Serves as the regional technical resource on emergency response procedures involving spills and similar environmental emergencies.
- Ensures all NOVs received at any FBOP institution are promptly reported to the NESCA within two business days of receipt.
- Develops and monitors a recycling program for the Regional Office and provides guidance to institution ESCAs on expanding institution recycling programs.
- Monitors NOVs to identify region-specific enforcement trends.
- Provides quarterly updates to the NESCA and Environmental Compliance Chief on the following:

  - All environmental NOVs and corrective actions.
  - Status of corrective actions on environmental-related program review findings.
  - Status of corrective actions on compliance related EMS audit findings.

b. **Institutions**

(1) **Chief Executive Officers (CEO).** The CEO must:

- Ensure compliance with Federal, state, and local environmental regulations.
- Ensure conformance and compliance through the use of the institution's EMS.
- Ensure adequate Environmental and Safety Compliance Department staffing to administer the institution environmental protection program.
- Ensure periodic inspections of workplaces by technically competent Bureau personnel, as allowed by laws and regulations.
- Ensure that employees are not subject to restraint, interference, coercion, discrimination, or reprisal for exercising their rights under Executive Order 12196 (Occupational Safety and Health Programs for Federal Employees), 29 CFR 1960, or for participating in the Bureau's Environmental Protection and EMS Conformance Program.
- Ensure that adequate environmental compliance and EMS conformance training is provided to supervisory, safety, and collateral duty safety personnel, as well as all other institution personnel.

(2) **Environmental and Safety Compliance Administrator (ESCA)**. The ESCA advises the CEO on environmental issues. He/she works at the department head level with other institution managers to achieve environmental protection goals. When policy and regulations are not specific, he/she exercises professional judgment to maintain an acceptable level of environmental protection at the institution. The ESCA:

- Oversees environmental compliance and conformance at his/her institution.
- Ensures required environmental compliance records are maintained.
- Performs annual program area inspections outlined within this policy.
- Assists departments in identifying environmental legal and other requirements.
- Ensures environmental training resources are available to departmental staff.
- Ensures environmental permits are obtained, implemented, and maintained where necessary.
- Promotes the reduction of water consumption, energy conservation, landfill waste diversion, and an overall reduction in environmental emissions.
- Ensures all NOVs received at the institution are promptly reported to the NESCA and RESCA within two business days of receipt.

(3) **Institution Environmental Protection Specialist**. The institution EPS reports to the ESCA and assists in the implementation of the environmental protection program. He/she assists with:

- Environmental compliance monthly inspections.
- Annual environmental inspections.
- Institution waste stream analysis.
- Environmental training.
- Promotion of environmental sustainability initiatives.
- Institution environmental regulatory interpretation.
- EMS development and implementation.

(4) **Other Safety Personnel**. Other Environmental and Safety Compliance Department staff report to the ESCA and assist in the implementation of the institution's environmental protection program.

(5) **Environmental and Safety Compliance Alternates.** If the institution ESCA is the only full-time Environmental and Safety Compliance Department staff member, the CEO must appoint at least one safety alternate to provide department coverage during the ESCA's absence.

The CEO at an institution with two or more full-time Environmental and Safety Compliance Department staff is highly encouraged to appoint one or more safety alternates.

(6) **Supervisors**. All supervisors must:

- Ensure environmental procedures are followed.
- Implement corrective actions for identified environmental issues**.**
- Implement and document training on environmental compliance for inmates.
- Ensure appropriate environmental training is provided and documented for detail supervisors and inmate workers.
- Notify the ESCA regarding all contact with environmental regulators.
- Ensure all required environmental permit and plan records are maintained in accordance with the permit or plan.
- Ensure all required monitoring and reporting associated with environmental permits and plans are completed.
- Ensure compliance with all environmental regulations applicable to their department.
- Keep abreast of environmental regulatory changes within their area of responsibilities.

(7) **Employees.** Employees must:

- Perform their duties in the safest possible manner.
- Comply with Bureau Environmental Protection Policy.

2. ENVIRONMENTAL PROTECTION TRAINING REQUIREMENTS

The NESCA, with input from the Environmental Compliance Chief, may accept prior training as equivalent to any of the environmental courses.

All requests to accept equivalent training must be submitted to the NESCA in writing and accompanied by a copy of a current certification(s) or documentation of comparable prior training. A written response will be provided to all waiver requests.

The Environmental Compliance Chief must ensure the development of training-for-trainer (T4T) programs for environmental and safety compliance staff that include:

- Hazardous waste management/ Hazardous Waste Storage Site Coordinator (HWSSC).
- Universal waste management.
- Used oil management.
- Underground storage tanks (USTs).
- Emergency Planning and Community Right-to-Know Act (EPCRA).
- Emergency spill plans.
- Clean Air Act (CAA).

Environmental and safety compliance staff complete the T4T classes outlined above and provide training at their duty stations. Environmental and safety compliance staff must address state and local regulations and institution's specific requirements as part of their training.

a. **ESCA.** All ESCAs must complete the following training:

- FBOP Advanced Safety Management.
- Environmental Compliance T4T, to include the following:
  - CAA.
  - EPCRA.
  - Hazardous waste management.
  - Used oil management.
  - Emergency spill plans.
  - USTs.
  - Universal waste management.
- Waste Stream Determination Training.
- U.S. Department of Transportation (DOT) Hazardous Materials Transportation Course.
- Additional Training: If not previously completed, new ESCAs must complete all the courses identified for new safety compliance specialists.

b. **Institution Environmental Protection Specialist**. If not previously completed, each new Environmental Specialist will complete the following training:

(1) **Environmental Compliance**. Environmental Compliance Training, covering the following topics:

- CAA.
  - ODS.
  - Air Emissions Management.
  - National Ambient Air Quality Standards.
  - Title V Permitting Program.
  - New Source Performance Standards.
- CWA.
  - NPDES.
  - SPCC.
  - SWPPP.
- CERCLA.
- EPCRA.

- ESA.
- RCRA.
  - Solid Waste.
  - Hazardous Waste Management.
  - Universal Waste Management.
  - USTs.
  - Used Oil Management.
- TSCA.
- FIFRA.

(2) **Environmental Compliance T4T**, to include the following:

- CAA.
- EPCRA.
- Hazardous Waste Management.
- Used Oil Management.
- Emergency Spill Plans.
- USTs.
- Universal Waste Management.

(3) **Waste Stream Determination Training**.

(4) **DOT Hazardous Materials Transportation Course**.

c. **Safety Compliance Specialist.** If not previously completed, each new Safety Compliance Specialist will complete the following training:

(1) **Environmental Compliance**:

- Environmental Compliance Training, covering the following topics:
- CAA.
  - ODS.
  - Air Emissions Management.
  - National Ambient Air Quality Standards.
  - Title V Permitting Program.
  - New Source Performance Standards.
- CWA.
  - NPDES.
  - SPCC.
  - SWPPP.

- CERCLA.
- EPCRA.
- ESA.
- RCRA.
- Solid Waste.
- Hazardous Waste Management.
- Universal Waste Management.
- USTs.
- Used Oil Management.
- TSCA.
- FIFRA.

(2) **Environmental Compliance T4T**, to include the following:

- CAA.
- EPCRA.
- Hazardous Waste Management.
- Used Oil Management.
- Emergency Spill Plans.
- USTs.
- Universal Waste Management.

d. **Institution Hazardous Waste Storage Site Coordinator** designees will complete the following training program prior to assuming their duties. The type of additional training required for the HWSSC depends on the hazardous waste generator status of the institution.

(1) **Large Quantity Generator of Hazardous Waste**:

- DOT Hazardous Waste Manifest training (every 3 years).
- Bureau's hazardous waste requirements.
- Emergency spill requirements, including:

    - In the event of a fire, call the fire department or attempt to extinguish it using a fire extinguisher.
    - In the event of a spill, contain the flow of hazardous waste to the extent possible, and as soon as is practicable, clean up the hazardous waste and any contaminated materials or soil.
    - In the event of a fire, explosion, or other release that could threaten human health outside the facility or when the Coordinator has knowledge that a spill has reached surface water,

the Coordinator must immediately notify the National Response Center (using their 24-hour toll-free number, 800-424-8802). The report must include:

- The name, address, and U.S. EPA Identification Number of the generator.
- Date, time, and type of incident (e.g., spill or fire).
- Quantity and type of hazardous waste involved in the incident.
- Extent of injuries, if any.
- Estimated quantity and disposition of recovered materials, if any.

- Hazardous Waste Management T4T.
- Federal and state hazardous waste labeling, handling, and storage requirements.
- Emergency spill response.

(2) **Small Quantity Generator of Hazardous Waste**:

- DOT Hazardous Waste Manifest Training (every 3 years).
- Bureau's hazardous waste requirements.
- Hazardous Waste Management T4T.
- Federal and state hazardous waste labeling, handling, and storage requirements.
- Emergency spill response.

(3) **Conditionally Exempt Small Quantity Generator of Hazardous Waste**:

- DOT Hazardous Waste Manifest Training (every 3 years).
- Bureau's hazardous waste requirements.
- Hazardous Waste Management T4T.
- Federal and state hazardous waste labeling, handling, and storage requirements.
- Emergency spill response.

e. **ESCA Trainee.** ESCA trainees must complete the following training:

(1) **Environmental Compliance T4T**, to include the following:

- CAA.
- EPCRA.
- Hazardous waste management.
- Used oil management.
- Emergency spill plans.
- USTs.
- Universal waste management.

(2) **Waste Stream Determination Training**.

(3) **DOT Hazardous Materials Transportation Course**.

(4) **Additional Training**. If not previously completed, ESCA trainees must complete all the courses identified for new safety compliance specialists.

f. **Petroleum, Oil, and Lubricant (POL) Handling Personnel.** Personnel tasked with the handling and management of POLs must complete the following training:

- Used oil management.
- Institution SPCC plan training requirements (annually) (if applicable).

g. **Hazardous Waste Handling Personnel.** Personnel tasked with the handling of hazardous waste must complete the following training:

- Hazardous waste management.
- Any additional state requirements.

3. GENERAL PERMITTING REQUIREMENTS

Where applicable, institutions must obtain institution-wide permits (NPDES, hazardous waste, air emissions, etc.).

In addition, a single EPA hazardous waste identification number must be obtained for contiguous facilities, including UNICOR operations, that are small or large quantity generators of hazardous waste. If required by the state or determined to be preferential, conditionally exempt small quantity generators of hazardous waste will also obtain EPA hazardous waste identification numbers.

4. CONSTRUCTION AND RENOVATION PROJECTS

a. **Plan Review.** Prior to the start of new projects, plans for renovations, alterations, additions, and new construction must be approved by the institution ESCA. The ESCA's review focuses on compliance with the environmental protection requirements in Federal, state, and local regulations and FBOP policy.

Plans determined to be beyond the scope of the ESCA's expertise must be referred to the RESCA and, if necessary, the Environmental Compliance Chief and NESCA.

b. **Pre-Construction Meetings.** An Environmental and Safety Compliance Department representative must attend all pre-construction and job progress meetings to advise project staff on environmental protection issues, including obtaining required permits.

c. **Monitoring.** The ESCA must monitor construction projects to ensure compliance with storm water, air permitting, and any additional environmental requirements.

d. **Finalization.** On completion of construction projects, the ESCA must ensure all appropriate environmental permits were obtained and provided to the institution.

e. **UNICOR.** Plans for modifications to UNICOR operations and facilities must also be submitted to the ESCA, RESCA, and Environmental Compliance Chief for a simultaneous review and approval of issues relating to environmental protection.

Changes to UNICOR operations must be reviewed and approved by the AD, HSD.

5. EXTERNAL AGENCY VISITS

a. **Notification.** The RESCA must be notified when an outside visit or inspection related to environmental protection is conducted at a Bureau institution within his/her Region.

b. **Reporting.** The ESCA must forward a copy of all external agency visit reports to the NESCA, RESCA, and Environmental Compliance Chief within 48 hours of receipt.

6. CENTRAL OFFICE TECHNICAL ASSISTANCE VISITS

Requests for a technical assistance visit to address environmental protection issues must be submitted to the NESCA from the CEO, through the Regional Director.

7. ENVIRONMENTAL INCIDENT REPORTING

The CEO and ESCA must be immediately notified of all environmental incidents that may result in a NOV. The ESCA must notify the following within eight hours upon becoming aware of the incident:

- NESCA.
- RESCA.
- Environmental Compliance Chief.

8. INSTITUTION SAFETY COMMITTEE (ENVIRONMENTAL PROTECTION ISSUES)

The institution safety committee must address the following at every meeting:

- All environmental incidents.
- Inspections.
- Operational/Program Review reports.
- Pest control.

9. PLUMBING

Design, construction, renovations, and maintenance of an institution plumbing system must meet applicable plumbing codes.

Backflow Prevention. Backflow prevention devices or assemblies must be installed in the potable water supply to prevent pollution or contamination from cross-connections, in accordance with Federal, state, and local regulations. Each cross-connection will require a different type of backflow prevention device, appropriate to the degree of hazard, as dictated by state and local regulations. Non-testable backflow preventers will be installed wherever there is a low pollution hazard from the potential for contaminants to enter the drinking water system (i.e., threaded hose bibs and faucets and sprayers with rings). If state regulations specify what constitutes a low pollution hazard, those regulations will be applied.

If there is no state or local regulatory guidance as to the type of backflow prevention device to use with varying degrees of hazard, default to the International Plumbing Code.

Backflow prevention assemblies must be tested by a certified tester at installation, repair, or relocation, and at least annually thereafter. Inspection is documented using a state-approved form. If a state form is not mandated, use the form provided by NFPA 25.

Annually, the ESCA reviews backflow assembly testing records to ensure each assembly was tested by a certified tester, in accordance with Federal, state, and local regulations.

10. DRINKING WATER

Institutions that receive drinking water from a public or private utility will collect water samples as required by a state or local regulatory agency. Additionally, written programs must be developed in accordance with Federal, state, and local regulations. Institutions required to

provide water samples will collect them in accordance with Federal, state, and local regulation. A state-certified laboratory must perform the analysis.

Community Water Systems. Community water system regulations are applicable, if the Bureau is treating and supplying water. Institution sanitary surveys must be requested from the regulatory authority and the request documented every five years, or as specified by state and local regulations. Site sampling plans must be developed for these institutions that address, at a minimum:

- Diagram of distribution system.
- Routine monitoring locations.
- Monitoring frequency.
- Positive sample procedures.
- Increased sampling procedures.
- Notification procedures.
- State requirements.
- How to take a sample.
- How to fill out lab forms.

The Facilities Manager, with assistance from the ESCA, must develop the program. Program operation and maintenance is the responsibility of the Facilities Manager.

11. WASTE WATER DISCHARGES

a. **Publicly Owned Sewage Treatment.** Since each institution is under the jurisdiction of a different water management authority, the ESCA must ensure the institution's sewage treatment arrangement meets local standards.

b. **Bureau Owned Sewage Treatment.** If the institution operates an onsite sewage treatment plant, it must obtain a NPDES permit. The plant must be operated in accordance with the permit. The Facilities Manager, with assistance from the ESCA, must develop the program to meet permit requirements. Program operation and maintenance is the responsibility of the Facilities Manager. Annually, the ESCA must review the records associated with the permit.

12. INDUSTRIAL WASTE WATER

Industrial waste water must not be discharged unless the proper permits are obtained from Federal, state, or local authorities.

a. **Point Source Discharge.** Point-source industrial waste water discharges into a storm sewer, ditch, or other conveyance require either NPDES or a state discharge permit. **Example:** Discharging vehicle wash rack waste water into a ditch.

b. **Publicly Owned Treatment Works.** Discharges into a publicly owned treatment works (POTW) require local or state permits, or must meet certain regulatory requirements. **Example**: Waste water discharged from a spray booth metal pretreatment process may require a state or local permit to discharge, but dental clinic waste discharges may be addressed in a specific regulation or code requiring installation and maintenance of a mercury trap/filter system.

All discharges, excluding domestic sewage, must be communicated to the POTW to ensure they are in compliance with local pretreatment standards. Department heads must provide the ESCA the chemical name and constituents, volume discharged, and frequency discharged from the pertinent departments and relay the information to the POTW. All new discharges must be communicated to the POTW prior to discharge. Communications regarding these discharges must be documented.

13. SOLID WASTE DISPOSAL

Refuse includes garbage, rubbish, and other putrescible and non-putrescible solid waste, except for solid and liquid waste discharged into the institution sanitary sewer system. Refuse must be collected and removed as often as necessary to maintain sanitary conditions and avoid creating health hazards.

a. **Recycling.** Recycling rates must be tracked by the institution department running the recycling program and submitted to the Strategic Planning Coordinator/Program Analyst, in accordance with the Bureau's strategic goal and DOJ Strategic Sustainability Performance Plan data call requirements. Reported recycling rates must be concurrently provided to the ESCA.

b. **Open Dumping.** Open dumping of solid waste is prohibited. Recyclable materials may be accumulated on site but must not be speculatively accumulated, in accordance with 40 CFR 261.1(c)(8).

c. **Transport of Solid Waste.** Facilities that transport solid waste to a landfill or other disposal site must have a written program approved by the Warden. The Facilities Manager must develop the program, which complies with 40 CFR 243.202 and includes:

- Identification of local, state, and Federal regulations.
- Procedural guidance for compliance.
- Solid waste transport permit, if required by state or local regulation.

- Method for tracking the pounds of solid waste disposed via landfill (weight tickets from the landfill are preferred).

14. **HAZARDOUS WASTE GENERATION, STORAGE, AND DISPOSAL**.

a. **Hazardous Waste Determination.** The ESCA, in conjunction with each department head, must perform an institution-wide hazardous waste determination for each waste stream generated in the institution using the waste stream determination guidance provided by the Environmental Compliance Section. The documented waste stream determination must be kept by the ESCA. The waste stream determination must be updated annually, with department heads completing the Annual Waste Stream Verification/Certification form for their department and providing it to the ESCA. Each new waste stream generated after the initial determination must be evaluated and documented. All required forms are located on Sallyport.

b. **Hazardous Waste Handling, Labeling, and Storage.** The department head or factory manager must ensure proper handling, labeling, and storage of waste generated by his/her department or factory. Department heads and factory managers must ensure communication with the HWSSC and the timely transfer of hazardous waste to the storage site.

All hazardous wastes generated by the institution must be disposed through the institution's HWSSC. The HWSSC must track all shipments and complete a Uniform Hazardous Waste Manifest or electronic manifest (once made available by EPA) for each shipment, if required.

c. **Hazardous Waste Training.** The department head or factory manager must ensure that training in the following areas is provided to personnel handling hazardous waste:

- Applicable Federal and state regulatory requirements.
- Bureau hazardous waste requirements.
- Institution-specific hazardous waste handling requirements.
- Emergency spill response.

d. **Hazardous Waste Storage Site Coordinator.** The CEO must appoint a HWSSC from a department or factory that generates hazardous waste. A secondary HWSSC must be appointed to ensure coverage if the primary HWSSC is out of the institution.

The HWSSC must ensure proper labeling, handling, storage, manifesting, placarding, and pickup (for shipment) of waste from the hazardous waste storage site. The HWSSC must ensure hazardous waste is removed from the institution within the generator storage time limits. The more stringent of Federal and state storage limits apply. The HWSSC must ensure all disposal activities meet Federal, state, and Bureau requirements.

e. **Hazardous Waste Storage Site.** Hazardous waste storage sites must meet the following requirements:

- Located away from high-traffic areas.
- Enclosed on all sides, adequately ventilated, and equipped with secondary containment.
- Entrances secured to prevent unauthorized entrance and posted with a sign reading **"Danger − Unauthorized Personnel Keep Out"** and any required state and local postings.
- Equipped with adequate fire extinguishers outside of the location.
- Equipped with adequate absorbent materials for accidental spills.
- Equipped with access to an eye wash station if the waste is corrosive.
- Exterior is posted with: name and telephone number of the HWSSC; location of fire extinguishers, spill equipment, and fire alarm; and telephone number of the fire department**.**
- Used only for the storage of hazardous waste and associated spill-absorbent materials.
- Any additional state and local hazardous waste storage requirements.

f. **Hazardous Waste Storage Site Inspection.** Each week, or more frequently if the generator status requires, the HWSSC must inspect the site and stored waste containers for integrity, corrosion, leaks, and deterioration according to industry standards. An inspection log must be kept with the HWSS.

Each month, a Safety staff member must inspect the hazardous waste storage site and any satellite storage sites for proper storage, signs, labeling, manifesting, and record keeping. Discrepancies must be reported in the monthly safety and environmental inspection report to the CEO. All recurring discrepancies must be presented to the EMS Committee for corrective and preventative action.

The ESCA must perform an annual review of the institution hazardous waste program. Attachment 1, Hazardous Waste Checklist, is used to document the review. Documentation must be kept by the Environmental and Safety Compliance Department for at least four years.

g. **Tritium Exit Signs**. Tritium exit signs must be disposed in accordance with Nuclear Regulatory Commission (NRC) regulations. Tritium exit signs must be packaged, placard, and accompanied with a Tritium Sign Log Form (NRC form), in accordance with Department of Transportation regulations. The signs must be transferred to a specific licensee (typically the manufacturer or distributor). Within 30 days of disposal, the ESCA must file a report with the NRC and state that includes:

- Device manufacturer's or distributor's name, model number, and serial number.
- Name, address, and license of the person receiving the device.

- Date of transfer.

Reports must be sent to:

Director, Office of Federal and State Materials and Environmental Management Programs
ATTN: GLTS
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555-0001

h. **Lead Contaminated Rags**. A waste determination must be conducted for all potentially lead-contaminated rags. Rags exceeding the lead hazardous waste threshold must be disposed as hazardous waste. Rags must not be laundered on site.

15. UNIVERSAL WASTE GENERATION, STORAGE, AND DISPOSAL

The following must be managed, labeled, stored, and disposed as universal waste:

- Lamps: fluorescent (including green-tip fluorescent), high intensity discharge, neon, mercury vapor, high pressure sodium, metal halide.
- Batteries designed to receive, store, and deliver electricity. **Exception**: lead-acid batteries handled and reclaimed under 40 CFR 266.80 and alkaline batteries, unless otherwise specified by state regulations.
- Mercury-containing equipment (i.e., thermostats, thermometers).
- Pesticides (including unused commercial products and waste).
- State specified universal wastes.

a. **Universal Waste Survey.** The ESCA, with assistance from each department head, must survey the institution to identify and document universal waste streams. This survey must be incorporated in the institution waste stream determination. The survey must be updated annually, as part of the institution waste stream determination update.

b. **Universal Waste Handling, Storage, and Disposal.** Each department or factory that generates universal waste is responsible for handling, storage, and disposal. Documentation and generation volumes must be maintained by the ESCA.

Small quantity handlers of universal waste may accumulate less than 11,000 pounds on site at any one time. Small-quantity handlers must dispose of the waste within one year and provide basic training.

Large quantity handlers of universal waste may accumulate 11,000 pounds or more on site at one time. Large quantity handlers must obtain an EPA identification number, dispose of the waste within one year, keep shipping records, and provide training addressing employee responsibility.

In addition, the ESCA must identify state universal waste regulations that may be more stringent than Federal, include other waste materials, and have such differences as inspection items in the monthly safety and environmental inspections.

c. **Crushing Fluorescent Lamps.** Crushing fluorescent lamps is prohibited unless the state accepts crushed lamps as universal waste. Crushing equipment must be maintained according to state and manufacturer regulations. A waste determination must be conducted on filters associated with crushing equipment to ensure proper disposal.

d. **Universal Waste Inspections.** Monthly, an Environmental and Safety Compliance staff member must perform an institution-wide inspection of universal waste handling, storage, and recordkeeping. Discrepancies must be reported in the monthly safety and environmental report. All recurring discrepancies must be presented to the EMS Committee for corrective and preventative action.

The ESCA must conduct an annual universal waste review using Attachment 2, Universal Waste Checklist. Documentation must be kept by the Environmental and Safety Compliance Department for at least four years.

16. MEDICAL WASTE GENERATION, STORAGE, AND DISPOSAL

Medical waste must be handled and stored in accordance with state and local regulations. Environmental and Safety Compliance staff must oversee the DOT Hazardous Materials training of Health Services staff responsible for signing medical waste disposal manifests.

17. USED OIL GENERATION, HANDLING, STORAGE, AND RECYCLING

Used oil must be handled and stored in accordance with Federal and state regulations. The department or factory that generates used oil is responsible for handling, storage, and recycling. Department heads must ensure that all personnel handling used oil have received used oil handling training.

Used oil containers must be kept secure and closed to prevent the disposal of unauthorized liquids within the containers.

Passive secondary containment of containers is required if an institution is a SPCC plan regulated facility and container has a capacity of 55 gallons or greater, or is required by state regulations.

Used oil generated in Bureau facilities must be recycled by a registered used oil contractor or used onsite by an approved burner. Land disposal is prohibited.

a. **Used Oil Filters.** If allowed by the state, used oil filters may be recycled as solid metal if the filter is hot-drained and not terne-plated.

b. **Oily Rags**. Oily rags that are not dripping and are not potentially lead-contaminated may be disposed via solid waste. A rag service is also permissible.

c. **Used Oil Inspections.** Monthly, the ESCA must ensure each area that generates used oil is inspected. Discrepancies must be reported in the monthly safety and environmental report. All recurring discrepancies must be presented to the EMS Committee for corrective and preventative action.

Annually, the ESCA reviews the institution used oil program, using Attachment 3, Used Oil Checklist. Documentation must be kept by the Environmental and Safety Compliance Department for at least four years.

18. ABOVEGROUND STORAGE TANK (AST) MANAGEMENT

The ESCA, with assistance from the Facility Manager, must survey the institution to identify AST, collecting the following information for each:

- Location.
- Product stored in AST.
- Storage capacity (in gallons) (shell capacity).
- Description of secondary containment and leak detection equipment.
- Maintenance and calibration requirements specified by the manufacturer.
- Tank registration and operating permits required by the state.

Survey results are kept permanently in the Facilities and Environmental and Safety Compliance Departments and updated, as required.

a. **ASTs Not in Use.** ASTs no longer in use must be, drained, capped, signed, and closed in accordance with Federal, state, and local regulations.

b. **AST Training**. The ESCA, with assistance from the respective department head that operates an AST, must identify state regulatory requirements.

The ESCA, with the assistance of the Facility Manager, must develop an AST training addressing, at a minimum:

- Operation and maintenance of equipment to prevent discharges.
- Discharge procedure protocols.
- Applicable pollution control laws, rules, and regulations.
- General facility operations.
- Contents of the institution's SPCC plan, as specified within the SPCC plan.
- Location of institution spill response materials.

Environmental and Safety Compliance staff must address state and local AST regulations and the SPCC Plan within the training.

c. **AST Maintenance and Inspection.** The Facility Manager must input AST maintenance and inspections requirements (per manufacturer, state, and SPCC requirements) into the computerized maintenance system and ensure maintenance is performed. The list of required inspection points must reflect those required in the SPCC plan. Documentation must be maintained for three years.

Monthly, the ESCA must ensure an institution-wide AST inspection is conducted. If the facility has a SPCC plan, inspections are conducted to meet SPCC requirements, using the checklists included within the plan. The checklists may be entered into the computerized maintenance system. Uncorrected discrepancies are reported in the monthly safety and environmental report. All recurring discrepancies must be presented to the EMS Committee for corrective and preventative action.

Annually, the ESCA must review the institution AST program using Attachment 4, AST Checklist. Documentation must be kept by the Environmental and Safety Compliance Department for at least four years.

19. UNDERGROUND STORAGE TANK (UST) MANAGEMENT.

a. **UST Survey.** The ESCA, with assistance from the Facility Manager, must conduct an institution survey to document:

- Locations.
- Product stored in UST.

- Storage capacity (in gallons) (shell capacity).
- Date of each tank installation.
- Tank and associated piping construction material.
- Types of leak detection and spill control systems installed.
- Maintenance and calibration requirements specified by the manufacturer.
- Current tank registration and operating permits required by the state.
- Status of all permit requirements and associated permit numbers.

Results of the survey must be kept permanently in the Facilities and Environmental and Safety Compliance Departments and updated as required.

b. **UST Training.** The ESCA, with assistance from personnel responsible for tank management, must identify Federal and state UST regulations. He/she must meet with personnel responsible for tank management to explain regulatory requirements.

The ESCA, with assistance from the Facility Manager, must determine the appropriate level of operation training for tank management personnel. State regulations must be consulted to determine operator training level, frequency of training, and record retention requirements. Institution tank management personnel must receive appropriate level tank operator training prior to assuming tank operation responsibilities.

c. **UST Inspections.** The ESCA must ensure a monthly inspection of USTs is completed using Federal and state regulations. Uncorrected discrepancies must be reported in the monthly safety and environmental inspection report. Discrepancy resolutions must be documented. All recurring discrepancies must be presented to the EMS Committee for corrective and preventative action.

Annually, the Environmental and Safety Compliance Administrator must review UST operations using Attachment 5, UST Checklist. Documentation must be kept by the Environmental and Safety Compliance Department for at least four years.

d. **UST Records.** If the USTs are regulated, testing, inspection, and monitoring records must be maintained in accordance with 40 CFR 280 and 281, as well as state and local requirements. If the USTs are exempt from 40 CFR 280 and 281 and regulated under the institution's SPCC plan, testing, inspection, and monitoring records must be maintained in accordance with SPCC requirements.

20. **EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)**

The ESCA must ensure institution compliance with EPCRA.

a. **Chemical Survey.** The ESCA must conduct an annual institution-wide chemical survey to document:

- Hazardous chemicals, as defined by OSHA 29 CFR 1910.1200, stored at any one time, during a given calendar year, at or above the threshold of 10,000 lbs.
- Extremely hazardous chemicals stored at or above the threshold planning quantity (TPQ) at any one time (as listed in 40 CFR 355, Attachments A and B).
- Chemicals listed in the Toxic Release Inventory (TRI), as listed in 40 CFR 372.65, whose release, throughout the calendar year, is equal to or exceeds 10,000 lbs. or its threshold quantity.

b. **EPCRA Reporting.** Based on the survey results, the following actions must be taken by the ESCA:

- Submission procedures for all inventory and release report vary by state. ESCAs must research their state-specific submission requirements.
- By March 1, submit a Tier I or Tier II report for each hazardous chemical stored at any one time during the prior calendar year at or above 10,000 lbs.
- Submit a Safety Data Sheet for each hazardous chemical stored at or above 10,000 lbs. and for each extremely hazardous substance stored at or above the TPQ. This is a one-time submission to the local Fire Department.
- By July 1, submit a TRI Report for each chemical whose use is equal to or exceeds 10,000 lbs. during the prior calendar year or is equal to or exceeds the specific reporting threshold for chemicals of special concern listed in 40 CFR 372.28.
- Notify the Local Emergency Planning Commission of the existence of any extremely hazardous chemicals stored at the facility at or above the TPQ.
- Notify the State Emergency Response Commission that the institution is subject to emergency planning.
- Incorporate into the institution spill plan specific emergency response procedures for each extremely hazardous chemical stored at or above the TPQ.

21. **OZONE-DEPLETING SUBSTANCES (ODS)**

a. **ODS Survey.** The ESCA and Facility Manager must conduct a survey, which is updated annually, to determine:

- Location, size (lbs. of refrigerant), and description of refrigeration and comfort-cooling units that contain refrigerant.
- Location of halon fire extinguishing units.
- Location and description of equipment containing more than 50 lbs. of a Class I or Class II ODS; e.g., chillers, food storage units.

- Roster of all current and former Heating, Ventilating, and Air Conditioning (HVAC) and motor vehicle air conditioning technicians for previous three years, including EPA-approved technician cards.
- Location of appliance disposal records for the previous three years.
- Location of equipment maintenance records.

The survey must be kept by the Facilities and Environmental and Safety Compliance Departments.

b. **ODS Training**. The ESCA and Safety staff must receive training covering EPA regulatory and policy requirements concerning ODS. The Environmental Compliance Section Chief must ensure the development of the training program.

Staff must only service equipment on which they have been trained. Inmate HVAC vocational trainees may service equipment containing ODS while under the supervision of certified staff.

c. **ODS Equipment.** The Facility Manager must ensure proper equipment is procured for the recovery or recycling of ODS that complies with 40 CFR 82.162, and that equipment certifications are forwarded to the Regional EPA for recovery or recycling ODS equipment. A copy of the certification statement must be kept in the Facilities Department.

Refrigerant recovery tanks must be properly maintained according to the manufacturers' specifications and in good condition with no signs of corrosion. Recovery tanks must be hydrostatically tested every five years.

d. **Equipment Containing 50 Pounds or More of ODS.** Staff who service equipment containing 50 pounds or more of a Class I or Class II ODS must maintain the following records for at least four years. In addition, a contractor who provides such services for an institution must provide these records to Facility Department staff responsible for maintenance:

- Name of staff or contractor who performed the service.
- Date and type of service performed.
- Quantity of refrigerant added to the unit.
- Documentation that leak calculation was conducted, if refrigerant was added.

The Facility Manager must ensure appliances containing 50 lbs. or more of a Class I or Class II ODS are repaired within 30 days or removed from service when leak rate calculations meet or exceed the following threshold:

- 15% for comfort cooling appliances.
- 35% for commercial refrigeration appliances.

Leak rate calculation logs must be maintained by appropriate Facilities staff and annually reviewed by the ESCA.

e. **Appliance Disposal.** The Facility Manager must ensure appliances with Class I or Class II refrigerant are evacuated and labeled before being discarded. A record must be kept indicating date of evacuation, type of refrigerant evacuated, description of the appliance, and the EPA-approved refrigerant reclamation facility used to dispose of the recovered refrigerant.

f. **Refrigerant Inventory.** The Facility Manager must ensure that accurate inventory records are kept for four years from date of purchase for Class I or Class II refrigerants purchased by the institution. These records must include the name of the supplier and refrigerant purchase invoices.

g. **ODS Inspection.** The ESCA must ensure a monthly inspection of the ODS program is done. Uncorrected discrepancies must be reported in the monthly safety and environmental report. Discrepancy resolutions must be documented. All recurring discrepancies must be presented to the EMS Committee for corrective and preventative action.

Annually, the ESCA must conduct a review of refrigerant and comfort cooling equipment and associated documentation using Attachment 6, ODS Checklist. Documentation must be kept by the Environmental and Safety Compliance Department for at least four years.

22. EMERGENCY SPILL PLANS

The ESCA must identify the spill plan requirements for the institution. He/she must ensure the development and maintenance of a written spill plan that complies with Federal and state requirements. The plan is kept in the Environmental and Safety Compliance Department, Facilities Department, and Control Center.

The ESCA must establish who will be responding to spills and ensure those positions are included in each plan and training is conducted for those positions.

a. **SPCC Plan.** An institution required to develop a SPCC plan may use the SPCC plan as their emergency spill plan for petroleum, oil, and lubricants. The SPCC must conform to 40 CFR 112 and all applicable state and local regulations.

b. **SPCC Plan Training.** SPCC training must be provided annually for all oil handling personnel and include all subjects listed below, as well as those designated by the plan itself:

- Operation and maintenance of equipment to prevent discharges.
- Discharge procedure protocols.
- Applicable pollution control laws, rules, and regulations.
- General facility operations.
- Contents of the institution's SPCC plan.

c. **Emergency Spill Plan Training.** The Environmental Section Chief must ensure the development of a training course for Safety staff to provide general spill plan requirements and responses for the staff listed below. This training does not substitute for required annual SPCC plan training for oil handling personnel or UST operator training required by the state.

- UST and AST operators.
- Staff designated to respond to hazardous material spills.

Safety staff must address state and local regulations and the institution's specific requirements.

d. **Spill Response Drill.** Under the direction of the ESCA, the institution must conduct an annual spill response drill. Personnel that respond to hazardous materials spills must be incorporated into the drill. The drill must be documented, including any associated corrective actions.

e. **Plan Review.** Annually or any time physical changes are made to petroleum, oil, and lubricant storage sites or containers, the ESCA must review the institution spill plan and, if applicable, the SPCC Plan, using Attachment 7, Emergency Spill Plan Checklist. All plan discrepancies must be rectified within six months of identification. Uncorrected discrepancies must be reported in the monthly safety and environmental report. Discrepancy resolutions must be documented. Recurring discrepancies must be presented to the EMS Committee for corrective and preventative action. Documentation must be kept by the Environmental and Safety Compliance Department for at least four years.

23. **CLEAN AIR ACT (CAA).**

a. **Air Emissions Inventory.** The ESCA and Facility Manager must conduct an Air Emissions Inventory to identify all air emissions and determine if air permits are required. The Air Emissions Inventory must be updated every time new emissions equipment is added or removed from the institution. Associated permits must be modified as required within the permit.

b. **Air Permits.** The Facilities Department and other affected departments must provide the ESCA with copies of air emissions permits held by the institution; e.g., boiler operating permits, emergency generator permits, spray booth operating permits, drying oven emission permits. The ESCA must review the permits and develop a compliance checklist for each emission source. To make such determinations, the ESCA researches state air emissions regulations and contacts state regulatory authorities.

Pre-construction and construction permits may be required for construction and renovation projects involving an air emission source (e.g., new construction or renovations involving boilers, spray booths, or emergency generators). These requirements must be reviewed during the project planning stage. New equipment cannot be purchased and designs are not finalized until permits are obtained.

The ESCA must be informed of each construction or renovation project during the early planning stage. He/she inspects obtained permits, unless included within contract language.

If permits are obtained by the contractor, a copy of the construction permit must be provided to the ESCA and Facilities Manger prior to equipment installation.

Title V of the CAA requires an institution-wide air emissions permit for facilities that are major sources of regulated pollutants and synthetic minor permits for lesser sources. The air emission inventory is used to determine permit applicability and requirements. Air emissions inventories must be kept indefinitely and revised when emission sources are added or removed.

c. **Air Emissions Source Inspection.** For institutions with an air permit, Environmental and Safety Compliance staff must inspect emission sources and associated records monthly to ensure compliance. Uncorrected discrepancies must be reported in the monthly safety and environmental report. Discrepancy resolutions must be documented. Recurring discrepancies must be presented to the EMS Committee for corrective and preventative action.

Annually, the ESCA must review the air emissions permit program using required checklists. Documentation must be kept by the Environmental and Safety Compliance Department for at least four years.

24. **ENVIRONMENTAL AWARENESS/POLLUTION PREVENTION**

Bureau institutions, departments, and offices must promote pollution prevention and elimination of waste. They are required to minimize waste generation through source reduction techniques and sound recycling practices.

In general, Pollution Prevention and Waste Elimination goals should include:

- Increase the diversion of nonhazardous solid waste from landfills.
- Increase the diversion of construction and demolition materials and debris from landfills.
- Divert an increasing percentage of compostable and organic materials from landfills.
- Reduce printing paper use.
- Purchase paper with 30% post-consumer content.
- Reduce potable water intensity.
- Minimize the acquisition, use, and disposal of hazardous chemicals.
- Substitute "green" replacements for cleaning chemicals.
- Expand the use of integrated pest management.
- Expand the implementation of acceptable alternative chemicals and processes.
- Reduce the use of chemicals with global warming potential to assist in achieving greenhouse gas reduction targets.

Each facility must initiate a recycling program incorporating (at a minimum) these core items, if cost-effective:

- Cardboard.
- Paper.
- Plastic.
- Metals.
- Glass.
- Used oil.
- Lead-acid batteries.
- Tires.

a. **Green Purchasing.** Each Bureau-operated institution must implement the Bureau's Green Purchasing Program. Information on the implementation of this plan can be obtained from the institution Business Administrator.

b. **Priority Chemicals.** Each Bureau-owned or -operated facility must reduce the use of the EPA's 31 Priority Chemicals and ODS, with the exception of mission-critical uses. Environmentally friendly products must be used in their place.

c. **Storm Water Pollution.** Storm water pollution and runoff must be addressed at each institution. Firing ranges must be maintained to ensure storm water is controlled and runoff does not leave the range area.

Attachment 1.a. **Hazardous Waste Checklist: Small and Large Quantity Generators**

Inspection Date: _____ Institution EPA ID Number _____
Inspected By: _____

Satellite hazardous waste accumulation sites meet the following requirements:

1. No more than 55 gallons of a hazardous waste stream is stored at a satellite accumulation site	N/A □	YES □	NO □
2. Containers of hazardous waste are transferred to the Hazardous Waste Storage Site (HWSS) within three days after being filled to capacity.	N/A □	YES □	NO □
3. Each container at satellite storage sites is labeled as "Hazardous Waste" and with its contents.	N/A □	YES □	NO □
4. Containers of hazardous waste remain sealed except during waste transfer.	N/A □	YES □	NO □
5. Waste is stored on a non-permeable surface and away from floor drains or other conveyances.	N/A □	YES □	NO □
6. Passive secondary containment is provided for liquid wastes.	N/A □	YES □	NO □
7. Spill control materials are readily available at or near the storage site.	N/A □	YES □	NO □
8. State or local regulations that may differ from Federal regulations have been identified; each satellite storage site is in compliance.	N/A □	YES □	NO □
9. Staff who operate and maintain satellite storage sites have received verifiable training to a level commensurate with their duties and responsibilities.	N/A □	YES □	NO □

Hazardous waste storage site and records

10. The HWSSC maintains copies of hazardous waste manifests for at least three years.	N/A □	YES □	NO □
11. The HWSS is inspected monthly by the Environmental and Safety Compliance Department.	N/A □	YES □	NO □
12. Generator accumulation quantity limits are not exceeded: ■ Small Quantity Generator - <6,000 lbs. ■ Large Quantity Generator – no limit.	N/A □	YES □	NO □

13. Small quantity and large quantity generators have obtained an EPA identification number.	N/A □	YES □	NO □
14. Small quantity generators store hazardous waste in the HWSS no longer than 180 days, or 270 days if the waste is transported a distance of 200 miles or more.	N/A □	YES □	NO □
15. Large quantity generators store hazardous waste no longer than 90 days.	N/A □	YES □	NO □
16. All containers of hazardous waste are sealed.	N/A □	YES □	NO □
17. Containers are labeled according to contents of the container and the date of accumulation. The label is also marked with the words "Hazardous Waste".	N/A □	YES □	NO □
18. Incompatible wastes are separated.	N/A □	YES □	NO □
19. The HWSS is ventilated and located away from high-traffic areas, buildings, drains and depressions.	N/A □	YES □	NO □
20. The HWSS is secure; the entrance is posted with a sign with the legend "Danger – Unauthorized Personnel Keep Out."	N/A □	YES □	NO □
21. The following information is posted at the HWSS. ■ Name and telephone number of the HWSSC. ■ Location of fire extinguishers, spill equipment, and fire alarm. ■ Telephone number of the fire department.	N/A □	YES □	NO □
22. The HWSSC has received training that includes hazardous waste storage and handling procedures, manifest procedures, emergency spill response, record keeping procedures, and DOT hazardous materials.	N/A □	YES □	NO □
23. An emergency eye wash station is readily available at or near the storage site, if corrosives are stored.	N/A □	YES □	NO □

Attachment 1.b. **Hazardous Waste Checklist: Conditionally Exempt Small Quantity Generator**

Inspection Date: _____
Inspected By: _____

1. The institution generates no more than 220 pounds of hazardous waste per month.	N/A □	YES □	NO □
2. The institution generates no more than 2.2 pounds of acute hazardous waste per month.	N/A □	YES □	NO □
3. No more than 2,220 pounds of hazardous waste is stored at any one time.	N/A □	YES □	NO □
4. No more than 2.2 pounds of acute hazardous waste is stored at any one time.	N/A □	YES □	NO □
5. The transporter who hauls the waste from the institution is licensed by the EPA.	N/A □	YES □	NO □
6. Hazardous waste is identified by: ■ Laboratory analysis for chemical characteristics; i.e., flammability, corrosiveness, reactivity, toxicity. ■ Regulatory listing. ■ User knowledge.	N/A □	YES □	NO □
7. Hazardous waste is stored away from drains or other conveyances.	N/A □	YES □	NO □
8. Containers of hazardous waste are sealed and opened only during waste transfer or during container inspection.	N/A □	YES □	NO □
9. Passive secondary containment is provided for liquid wastes.	N/A □	YES □	NO □
10. Incompatible wastes are separated.	N/A □	YES □	NO □
11. An emergency eye wash station is readily available at or near the storage site, if corrosives are stored.	N/A □	YES □	NO □

Attachment 2. **Universal Waste Checklist**

Inspection Date: _____
Inspected By: _____

1. An institution-wide survey to identify universal waste streams was conducted by the ESCA, with assistance from affected Department Heads.	N/A □	YES □	NO □
2. Each identified universal waste stream is handled as universal waste. [*Exception*: Spent lead acid batteries handled under 40 CFR Part 266].	N/A □	YES □	NO □
3. Each container of universal waste is labeled in accordance with 40 CFR 273 (Universal Waste - Lamps, Waste Lamps, Used Lamps, Universal Waste - Thermostats, etc.).	N/A □	YES □	NO □
4. Each container of universal waste is labeled with the accumulation start date.	N/A □	YES □	NO □
5. Each container of universal waste is kept closed unless waste is actively being added.	N/A □	YES □	NO □
6. Universal waste does not accumulate for more than one year beyond the accumulation start date.	N/A □	YES □	NO □
7. No more than 11,000 lbs. of universal waste is accumulated in one calendar year.	N/A □	YES □	NO □
8. If the 11,000-lb. accumulation threshold is exceeded, the institution has sent a notification to the EPA and obtained an EPA identification number.	N/A □	YES □	NO □
9. If the 11,000-lb. accumulation threshold is exceeded, basic shipping records are maintained.	N/A □	YES □	NO □
10. Staff who collect, store, or arrange shipments of universal waste have received verifiable training.	N/A □	YES □	NO □
11. The institution complies with State universal waste requirements, if more stringent than Federal regulations.	N/A □	YES □	NO □

Attachment 3. **Used Oil Checklist**

Inspection Date: _____
Inspected By: _____

1. Used oil containers are in good condition with no structural damage or rust.	N/A □	YES □	NO □
2. Each container of used oil is kept closed unless used oil is actively being added.	N/A □	YES □	NO □
3. No visible leaks in storage area; storage methods prevent the escape of accidental used oil releases into the environment (via floor drains, ditches, directly onto soil, etc.).	N/A □	YES □	NO □
4. Used oil containers are marked clearly with the words "Used Oil," or as required by the state.	N/A □	YES □	NO □
5. If required by the state, an EPA identification number was obtained for the institution. This is the same as the institution's hazardous waste generator EPA identification number.	N/A □	YES □	NO □
6. Used oil is transported by a transporter that has an EPA identification number, or the generator has entered into a tolling arrangement with a contractor in accordance with 40 CFR 279.24(c).	N/A □	YES □	NO □
7. The generator complies with state regulations, if more stringent than Federal regulations.	N/A □	YES □	NO □

Attachment 4. **Aboveground Storage Tank Checklist**

Inspection Date: _____ Tank Number _____
Inspected By: _____

1. If required, a state tank registration and operating permit has been obtained for each AST.	N/A □	YES □	NO □
2. AST maintenance requirements were input into the computerized maintenance system; maintenance is performed as required.	N/A □	YES □	NO □
3. Tanks, foundation, supports, piping, pumps, and valves are free of corrosion, damage, and evidence of leaks.	N/A □	YES □	NO □
4. Overfill prevention equipment is present.	N/A □	YES □	NO □
5. Passive secondary containment is present and in good operating condition for each tank with a 55-gallon or greater capacity.	N/A □	YES □	NO □
6. Secondary containment is free of product and other liquid and debris such as rainwater, leaves, trash, and stored materials.	N/A □	YES □	NO □
7. Spill control equipment or supplies, for use during refueling operations, are in place or readily available (e.g., reservoirs, catchment basins, portable containment systems, or absorbent materials).	N/A □	YES □	NO □
8. Spill control equipment is in good operating condition.	N/A □	YES □	NO □
9. If applicable, each tank is inspected in accordance with the institution Spill Prevention, Control, and Countermeasures plan.	N/A □	YES □	NO □

Attachment 5. **Underground Storage Tank Checklist**

Inspection Date: _____ Tank Number _____
Inspected By: _____

	N/A	YES	NO
1. The ESCA, with assistance from the Facilities Manager, has conducted an institution survey to identify and document:	□	□	□
■ Locations of all USTs.			
■ Storage capacity of each UST.			
■ Construction material of each UST.			
■ Date of each tank installation.			
■ Date of tank upgrade if applicable.			
■ Types of leak detection and spill control systems that are installed on each tank.			
■ UST equipment maintenance and calibration requirements, as specified by the manufacturer.			
■ Tank registration and operating permits that may be required by the state.			
2. The results of the UST Survey are maintained as a permanent record in the Facilities and Environmental and Safety Compliance Departments and updated when required.	N/A □	YES □	NO □
3. The institution complies with state UST regulations that are more stringent than Federal regulations.	N/A □	YES □	NO □
4. Each UST is equipped with a fillport spill bucket that is maintained free of liquids.	N/A □	YES □	NO □
5. Appropriate staff have received UST operators training.	N/A □	YES □	NO □
6. The UST has one of the following leak detection systems (check applicable):	N/A □	YES □	NO □
☐ Interstitial Monitoring.			
☐ Automatic Tank Gauging.			
☐ Vapor Monitoring.			
☐ Groundwater Monitoring.			
☐ Manual Tank Gauging (only for tanks <1001 gallons).			
☐ Manual Tank Gauging & Tank Tightness Testing (only for tanks <2001 gallons and may only be used for 10 years after tank installation).			
☐ Inventory Control and Tank Tightness Test (may only be used for 10 years after tank installation)			

☐ Statistical Inventory Reconciliation.

7. If an UST has pressurized piping, an automatic line leak detector with one of the following features was installed (check applicable):	N/A	YES	NO
	☐	☐	☐

☐ Automatic Flow Restrictor.

☐ Automatic Shutoff Device.

☐ Continuous Alarm System.

8. If UST has pressurized piping, one of the following leak detection systems is used (check applicable):	N/A	YES	NO
	☐	☐	☐

☐ Annual Line Tightness Testing.

☐ Monthly Monitoring.*

9. If UST has suction piping, one of the following detection systems is used (check applicable).	N/A	YES	NO
	☐	☐	☐

☐ Monthly Monitoring.*

☐ Tightness Testing every three years.

☐ No Release Detection System required if the following structural requirements are met:

- ➢ Piping is sloped so that the contents will drain back into the tank after suction is released.
- ➢ Suction line has only one check valve located directly below the suction pump.
- ➢ System operates at less than atmospheric pressure.

10. If an automatic tank gauge is in use, a system functionality test is run monthly.	N/A	YES	NO
	☐	☐	☐

11. The following records are maintained in the Facilities and Environmental and Safety Compliance Departments:	N/A	YES	NO
	☐	☐	☐

- ■ Written documentation of all calibration, maintenance, and repair of release detection equipment is maintained for at least one year after service is completed.
- ■ Tank and piping tightness tests are maintained until the next test is conducted.
- ■ If applicable, tank gauging and inventory control records are maintained for at least three years.
- ■ Tank registrations and current operating permits (if required) are maintained as permanent records.

- All written performance claims pertaining to release detection systems and the manner in which the claims have been justified or tested by the equipment manufacturer or installer are maintained for at least five years from the date of installation.

* Monthly Monitoring includes:
- Interstitial Monitoring.
- Automatic Tank Gauging.
- Vapor Monitoring.
- Ground Water Monitoring.
- Statistical Inventory Reconciliation.

Attachment 6. **Ozone Depleting Substances Checklist**

Inspection Date: _____
Inspected By: _____

	N/A	YES	NO
1. Staff who service equipment containing Class I or Class II ozone depleting substances (ODS) were trained and have a certification card.	□	□	□

	N/A	YES	NO
2. Staff are certified for the type of equipment that they service. ■ Type I – small appliances. ■ Type II – high pressure. ■ Type III – low pressure. ■ Type IV – universal.	□	□	□

	N/A	YES	NO
3. A record is maintained for each appliance, containing a Class I or Class II ODS, that has been evacuated and discarded as waste. The record is maintained for three years and includes: ■ Amount and type of refrigerant recovered. ■ Description of the appliance. ■ Date of the evacuation. ■ Address and phone number of disposal company.	□	□	□

4. Maintenance records are maintained for appliances that contain 50 lbs. or more of Class I or Class II ODS (i.e., chillers, large Food Service refrigeration units). Each record is maintained for at least three years and contains the following information:
- Staff member or contractor who performed the service.
- Date and type of service performed.
- Quantity of refrigerant added.
- Leak calculation if refrigerant was added.

	N/A	YES	NO
5. Appliances containing 50 lbs. or more of a Class I or Class II ODS are repaired within 30 days when leak calculations indicate the following leak rate threshold was exceeded: ■ 15% for comfort cooling appliances. ■ 35% for commercial refrigeration appliances.	□	□	□

	N/A	YES	NO
6. Records of refrigerants purchased and added are maintained for equipment containing 50 lbs. or more of a Class I or Class II substance. The records are maintained for at least three years.	□	□	□

	N/A	YES	NO
7. Recycling and recovery equipment are certified for the type of appliances that are serviced and maintained.	□	□	□

Attachment 7. **Emergency Spill Plan Checklist**

Inspection Date: _____
Inspected By: _____

1. The plan contains the following information. ■ Response Coordinator's telephone number. ■ Fire Department telephone number. ■ Telephone number of contractor who is named in the plan to respond to a spill or perform clean-up actions. ■ Telephone numbers of agencies that must be notified in case of a discharge or spill.	N/A □	YES □	NO □
2. The plan includes the location of emergency equipment.	N/A □	YES □	NO □
3. The plan explains and assigns staff emergency response levels.	N/A □	YES □	NO □
4. The plan addresses staff training requirements.			
5. The plan describes actions required to implement the plan.	N/A □	YES □	NO □
6. The institution has an aboveground petroleum, oil, and lubricant (POL) storage capacity greater than 1,320 gallons or underground (POL) storage capacity greater than 42,000 gallons.	N/A □	YES □	NO □
* If the answer is no, the checklist has been completed.			
7. If the storage POL storage capacity exceeds 10,000 gallons, the plan includes a Professional Engineer (PE) certification.	N/A □	YES □	NO □
8. The plan is reviewed annually and updated at a minimum every five years.	N/A □	YES □	NO □
9. A plan that is updated because of technical changes (tank additions, removals, fuel changes, secondary structure changes, etc.) is recertified by a PE, if required.	N/A □	YES □	NO □
10. The plan includes a site diagram that identifies the location and contents of each POL container that has a capacity of 55 gallons or greater (including 55 gallon drums and oil-filled equipment such as transformers).	N/A □	YES □	NO □
11. For each container, the plan identifies the type of oil stored and the storage capacity.	N/A □	YES □	NO □

12. The plan includes discharge prevention measures, including oil handling procedures such as loading and unloading.	N/A □	YES □	NO □
13. The plan includes oil spill predictions, including direction, flow rate, and total quantity that could be discharged as a result of a major equipment failure.	N/A □	YES □	NO □
14. The plan identifies and discusses discharge controls (i.e., secondary containment structures).	N/A □	YES □	NO □
15. The plan identifies site drainage patterns.	N/A □	YES □	NO □
16. The plan requires training for oil handling personnel. At a minimum the training includes the following: ■ Operation and maintenance of equipment to prevent discharges. ■ Discharge procedure protocols. ■ Applicable pollution control laws, rules, and regulation. ■ General facility operations. ■ Contents of the SPCC Plan.	N/A □	YES □	NO □
17. The plan addresses the annual requirement to conduct discharge prevention briefings for oil handling personnel.	N/A □	YES □	NO □
18. The plan discusses site security requirements.	N/A □	YES □	NO □
19. The plan identifies the method used to contain an oil discharge that may occur during refueling of tanks (i.e., catchment basin, portable secondary containment structure, absorbent materials such as booms and pillows).	N/A □	YES □	NO □
20. The plan addresses methods of disposal of recovered materials in accordance with applicable legal requirements.	N/A □	YES □	NO □
21. The plan addresses brittle fracture tests that must be conducted on field-erected ASTs that undergo repair, alteration, reconstruction, or a change in service.	N/A □	YES □	NO □