# Compliance Evaluation Checklist

**New Hampshire Department of Transportation**

**Bureau Of Highway Maintenance**

**EIP-15-Form 15a**

**Date:**

**Facility ID:**

**EPA ID#:**

**Auditor:**

**Address from IMP:**

**Town:**

**Weather Conditions:**

**Snow/Ice cover:** Yes/No

**Interior Access:** Yes/No

**Facility Representative:**

**Print Name**

**Signature**

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1) **Regulated substances, Env-Wq 401 (Best Management Practices for Groundwater Protection)**

Are regulated substances stored on site?  
- a. Are containers stored on an impervious surface?  
- b. Is unauthorized access to containers prevented?  
- c. Are weekly container inspections being performed and documented?  
  - [ ] Checklist Posted  
  - [ ] Date of Last Inspection: ______________
  
- d. Is there ample aisle space available to allow for inspection?  
- e. Are containers clearly labeled with chemical and trade name?  
- f. Is release response information in immediate vicinity?  
- g. Is spill containment equipment present?  
- h. Are regulated containers stored outside?  If so:  
  - [ ] Discharges to a holding tank  
  - [ ] Discharges to city sewer  
  - Corrective Action Plan(s) required: Y/N, If yes, list CAP Items from above:

2) **Groundwater Protection, Env-Wq 402**

Are there any discharges to the ground surface, e.g., floor drains, holding tanks?  
- a. Are the discharges registered with DES or the City prior to discharge?  
  - Yes/No  
  - Corrective Action Plan(s) required: Y/N, If yes, list CAP Items from above:

3) **Above-ground Storage Tanks – Env-Wm 1402**

Are there any ASTs on site?  
- a. Are ASTs properly labeled with 2" lettering, NFPA codes, tank #, safe fill height?  
  - Yes/No  
- b. Single tank >660 gal: multiple tanks incl. 55 gal. tanks >1,320 gal, registered with DES?  
  - Yes/No  
- c. Was there a recent DES audit?  
  - Yes/No
  - a. If so, are all action items completed?  
  - Yes/No  
- d. Is an SPCC Plan required?  
  - Yes/No
  - a. If so, is the SPCC Plan available on site (hard copy or electronically)?  
  - Yes/No  

Corrective Action Plan(s) required: Y/N, If yes, list CAP Items from above:
4) Underground Storage Tanks – Env-Wm 1401 & 1404  
Are there USTs on Site: Yes/No

| a. Are UST monthly inspections being performed? | Yes/No | NA |
| b. Are the USTs registered with DES? | Yes/No | NA |
| c. Is there a current permit to operate? | Yes/No | NA |
| d. If there was a DES inspection within the last 6 months, are all action items completed? | Yes/No | NA |

Corrective Action Plan(s) required: Y/N, If yes, list CAP Items from above:

5) Hazardous Waste, Env-Hw 400-1100
Are hazardous wastes generated or stored on site? Yes/No

| a. Is the site a SQG (including on site waste oil burning)? | Yes/No |
| i. SQG Self Cert. Form Completed and current with DES? | Yes /No |
| ii. SQG Fees Paid? | Yes /No |
| iii. Type(s) and amounts/month of HW generated: |
| Type | Max. Amount/Mo. |
| Type | Max. Amount/Mo. |

| b. Is the site a FQG? | Yes/No |
| c. Does RIMS have current contact information? | Yes/No |
| d. Quarterly reports filed and fees paid? | Yes/No |
| e. Is the EPA ID # active, if waste is being generated, stored, or shipped? | Yes/No | NA |
| f. Manifests kept on site for 3 years? | Yes/No | NA |
| g. BOLs kept on site for 3 years? | Yes/No | NA |
| h. Quarterly reports on site for 3 years? | |
| i. Does the facility generate Used Oil for Recycle (NHX1)? | Yes/No | NA |
| i. Where is the used oil for recycle used/burned? | Transported? |
| j. Used Oil Filters: □ Punctured & hot drained for 12 hours. |

Corrective Action Plan(s) Required: Y/N, If yes, list CAP Items from above:

6) Universal Waste Management, Env-Hw 1100
Are universal Waste (UW) generated or stored on site? If so, list types: Yes/No

| a. Is universal Waste (UW) generated or stored on site? | Yes/No |
| List types: | |
| b. Is Universal Waste stored longer than 1 year? | Yes/No | NA |
| c. Is the proper name for the UW and accumulation start date on label? | Yes/No | NA |
| d. Are containers closed? | Yes/No | NA |
| e. Is a Small qty generator self-cert. form completed for the site, if >11,000 lbs.? | Yes/No | NA |

Corrective Action Plan(s) Required: Y/N, If yes, list CAP Items from above:

Informational Materials:

New Hampshire Department of Transportation
Bureau Of Highway Maintenance
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Other (Use this space to document any other observed violations (e.g., sedimentation into a water body or wetland:)

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