



INDUSTRIAL PRETREATMENT INSPECTION REPORT

Date of Inspection: _____ Time of Inspection: _____

Name of Industrial User: _____

Mailing Address:

Facility Location Address:

IU is classified as: _____ Categorical (CIU) _____ Significant (SIU) _____ User of Concern

Primary Contact/Title: _____
Secondary Contact/Title: _____
Tertiary Contact/Title: _____

Rep. present during Inspection: _____

Is IU currently in SNC? _____ If YES, for what? _____

What safety gear is needed to inspect this facility? _____ Steel toe shoes _____ Safety glasses
_____ Ear plugs _____ Hard Hat

PART 1: INITIAL INTERVIEW

Part 1A: General Information

1. Type of Business conducted at this facility: _____

2. Principal Raw Material(s) used? _____

3. Principal Product(s) produced? _____

4. Production process is: _____ Batch _____ Continuous _____ % Batch _____ % Continuous

5. List all additional activities and specific processes occurring at this facility: _____



6. Facility generates why types of wastes? _____

7. Wastes are discharged to? _____

8. Names of wastes haulers? _____

9. Is there a SPILL PREVENTION CONTROL PLAN AT THIS FACILITY? ___ Yes* ___ No

10. Does this facility have an existing NDPES or NJDPES discharge permit? ___ Yes * ___ No

*If YES, did this facility supply RVRSA with copies of these permits/plans? ___ Yes ___ No

11. Year Production began at this facility: _____

12. Hours of Operation: _____ Shifts: _____

13. Days / Week: _____ Number of Employees: _____

Additional Comments: _____

Part 1B: Water Source and Use

1. Raw Water Sources:
_____ Public Water Supply (Specify: _____)
_____ Private Well(s)
_____ Surface Water (Specify: _____)

2. Are Raw Water Sources METERED or are other means available for Flow Measurement?
Specify: _____

3. Describe any water treatment or conditioning processed utilized: _____

4. Average Daily Water Use (gpd): _____

Part 1C: Restaurant/Food Service Information

1. Is there a restaurant/food service establishment at this facility? _____ Yes _____ No

2. Hours of Operation? _____ AM to _____ PM _____ N/A



3. Seating Capacity: _____ N/A

4. Grease Trap(s): _____ Yes* _____ No _____ N/A

* If YES, how many and where are they located? _____

5. How often maintained/cleaned? (Please attach manifest if available): _____

Part 1D: Other Wastes

1. Are any liquid wastes or sludges from this facility disposed of by means other than discharging to the local sewer system? _____ Yes * _____ No

*If YES, describe the other means in which liquid wastes/sludges are disposed of:

2. Will any liquid product (process/waste) be present on the premises in quantities GREATER than 1,000 gallons? _____ Yes* _____ No

*If YES, please identify all liquids (process/wastes): _____

3. Does this facility generate any waste process/residual materials? _____ Yes* _____ No

*If YES, describe waste materials: _____

4. Quantity generated per month? _____ N/A

5. How it is stored/disposed of? _____ N/A

6. Does this facility have a designated/centralized area(s) for the storage of hazardous waste? _____ Yes _____ No _____ N/A (No hazardous waste generated)

Part 1E: Toxic Organics Management

1. Are "CATEGORICAL ORGANICS" used at this facility? _____ Yes* _____ No _____ N/A

*If YES, describe:

| Type | How Much | How Used |
|-------|----------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



2. Has this facility chosen the "TTO" plan option? _____ Yes* _____ No _____ N/A
 *If YES, has the "TTO Management Plan" been submitted for approval?
 _____ Yes _____ No _____ N/A

3. Are other NON-CATEGORICAL ORGANICS used on-site in more than laboratory quantities?
 _____ Yes _____ No _____ N/A

| Type | How Much | How Used |
|-------|----------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Part 1F: Environmental Control Permits/Registrations Held

Permits/Registrations (other than RVRSA):

- NJPDES (specify type _____ and permit No. NJ _____) _____ Yes _____ No
- Air Pollution (Site ID No. _____) _____ Yes _____ No
- RCRA (___ Generator, ___ Storage (90 days) ___ Treatment) _____ Yes _____ No
 ID No. NJD: _____
- Other (Specify: _____) _____ Yes _____ No
- **Not Applicable** (IU holds no additional permits/registrations) _____

PART 2: PLANT TOUR: Visit all areas where wastewater is generated or where there are drains to the POTW.

Part 2A: Production and Storage Areas

1. Are there floor drains in the production area? YES/NO Where do they go? _____

2. Are production areas diked, contained, or otherwise constructed in such a way as to prevent harm to the WWTP, especially from spills or slugs? YES/NO Comments: _____

3. Are there floor drains in the storage area(s)? YES/NO Where do they go? _____

4. Are storage tanks and areas diked, contained, or otherwise constructed in such a way as to prevent harm to the WWTP, especially from spills and slugs? YES/NO Comments: _____

5. Are process and storage tanks and pipes labeled? YES/NO

6. How are off-spec raw materials, and products disposed of? _____



7. Are Grease-traps, oil and water separators, and holding/storage tanks cleaned? YES/NO
How often are they cleaned? _____
8. When is the production area cleaned? _____
9. Is the wastewater from cleaning the production area discharged to the POTW? YES/NO
10. What non-process wastewaters are discharged to POTW? _____

Comments:

Part 2B: Pretreatment System: Ask the operator or IU Representative to describe pretreatment system.

1. What type of PRETREATMENT is at this facility? _____
2. Does operator/representative seem knowledgeable about the system? YES/NO Comments: _____
3. Is there a LICENSED OPERATOR for the pretreatment system?
 _____ Yes* _____ No _____ N/A
 *If YES, name of operator(s): _____
 NJDEP Classification(s): _____
4. Are all units operational? YES/NO
5. How often does operator/maintenance person check system? _____
6. Is there an operator for each shift? YES/NO
7. How and when is sludge or wastes disposed of? _____
8. Manifest copies available? YES/NO Comments: _____
9. Is there a schedule for preventative maintenance? YES/NO



AdditionalComments: _____

Part 2C: Sampling Point, Sampling and Flow Measurement

1. Describe sampling point(s): (attach picture/drawing if necessary): _____

2. Is the sampling point representative of the operations they are intended to monitor?
_____ Yes _____ No (if NO, list deficiencies): _____

3. Does an outside certified lab complete sampling? YES/NO
*If YES, name of Lab: _____ Lab ID No.: _____

4. Ask the industry representative to describe sampling procedures: _____

5. Samples are: _____ Grab _____ 5 Hr. Composite _____ 24 Hr. Composite

6. Amount of process wastewater discharged (gpd): _____

7. Is flow measurement equipment operational? YES/NO Comments: _____

8. Is there a calibration log for flow meter? YES/NO Comments: _____

9. Brand and Model of meter: _____

10. Does metered waste include sanitary? YES/NO Comments: _____

11. When was the last time meter was calibrated by the manufacturer's authorized service representative? _____

AdditionalComments: _____



PART 3: EXIT INTERVIEW: Review monitoring records and other industry records required by ISCP.

- 1. Are files well organized? YES/NO Comments: _____

- 2. Are sample collection/chain of custody forms filled out properly? YES/NO Comments: _____

- 3. Do results in files agree with reports sent to the POTW? YES/NO Comments: _____

- 4. Who has authority to shut down production should a spill or slug discharge occur? _____

- 5. How does industry inform employees of whom to call at POTW in case of spill/slug? _____

- 6. Is Industry implementing slug/spill plan? YES/NO Comments: _____

Comments:

PART 4: INSPECTION RESULTS:

Slug/Spill Control Plan needed? YES/NO
Will additional data be sent to POTW? If so, what? _____

PART 5: SUMMARY OF AREA(S) INSPECTED:

- | | | | |
|---|-----------|----------|-----------|
| A) Production area(s) inspected? | _____ Yes | _____ No | _____ N/A |
| B) Laboratories (R&D, QC) Inspected? | _____ Yes | _____ No | _____ N/A |
| C) Chemical Storage area(s) Inspected? | _____ Yes | _____ No | _____ N/A |
| D) Slug/Spill Containment area(s) Inspected? | _____ Yes | _____ No | _____ N/A |
| E) Hazardous Waste storage area(s) Inspected? | _____ Yes | _____ No | _____ N/A |
| F) Sampling Location(s) Inspected? | _____ Yes | _____ No | _____ N/A |
| G) Pretreatment Facility Inspected? | _____ Yes | _____ No | _____ N/A |
| H) Grease-traps, O/W Separators, Holding/ Storage tanks Inspected? | _____ Yes | _____ No | _____ N/A |
| I) Filing/Data System Inspected? | _____ Yes | _____ No | _____ N/A |



Comments, Required or Recommended Actions: _____

Signature of Inspector(s):

1. Name (Print): _____ Date: _____
Signature: _____
2. Name (Print): _____ Date: _____
Signature: _____

Reviewed by: _____ Date: _____
Signature: _____

