

DATE COMPLETED \_\_\_\_\_

### TANK TRUCK CLEANING FACILITY AUDIT FORM

#### GENERAL INFORMATION

Company \_\_\_\_\_

Site Legal Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Directions from nearest Interstate: \_\_\_\_\_

Hours of operation:

Monday - Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

Person to contact/Title: \_\_\_\_\_

Product

limitations: \_\_\_\_\_

Does this facility offer cleaning services outside of normal business hours? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please note person to contact: \_\_\_\_\_

Telephone (s) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website Address \_\_\_\_\_

**GENERAL INFORMATION (cont'd.)**

Service capabilities: (check all offered at this facility)

<input type="checkbox"/>	a. Presolve	<input type="checkbox"/>	l. Dry bulk container cleaning
<input type="checkbox"/>	b. Caustic	<input type="checkbox"/>	m. Power unit maintenance
<input type="checkbox"/>	c. Detergent	<input type="checkbox"/>	n. Tank maintenance
<input type="checkbox"/>	d. Steam	<input type="checkbox"/>	o. Pumps
<input type="checkbox"/>	e. Hot/cold rinse	<input type="checkbox"/>	p. Hoses
<input type="checkbox"/>	f. Exterior wash	<input type="checkbox"/>	q. Application of nitrogen blanket
<input type="checkbox"/>	g. Drying	<input type="checkbox"/>	r. Kosher Certification
<input type="checkbox"/>	h. Foodgrade cleaning	<input type="checkbox"/>	s. Product heating
<input type="checkbox"/>	i. IBC cleaning.		Max Temp _____
<input type="checkbox"/>	j. ISO container cleaning		Max boiler psi _____
<input type="checkbox"/>	k. Strip wash	<input type="checkbox"/>	t. Other

If other, please note: \_\_\_\_\_

1. Does this facility have insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

2. If YES, who is insurance carrier? \_\_\_\_\_

3. What are the aggregate amounts? \_\_\_\_\_

4. Does the facility have any environmental impairment liability coverage? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Is facility self-insured? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, To What Level: \_\_\_\_\_

6. If YES, please note gross revenues or estimated equity: \_\_\_\_\_

Is this facility 1. Owned? \_\_\_\_\_ 2. Leased? \_\_\_\_\_

Date this audit form completed: \_\_\_\_\_

Person completing audit form: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Audit certified by: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

**SAFETY SECTION**

Please answer *YES* or *NO* to the following questions and provide details as required:

**A. RIGHT-TO-KNOW (29 CFR 1910.1200)**

1. Does facility have a written employee right-to-know program? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Is right-to-know training conducted? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, when \_\_\_\_\_

3. Are training records kept at the cleaning facility? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, where kept? \_\_\_\_\_

4. Are MSDS for products handled and used at the facility readily accessible? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Are containers of hazardous materials properly labeled in English? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Is right-to-know information posted? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, where: \_\_\_\_\_

**B. CONFINED SPACE ENTRY (29 CFR 1910.146)**

1. Does a confined space entry program exist at the facility? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Has facility been surveyed for confined spaces? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Is there a written procedure for confined space entry? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Is training for confined space entry conducted? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Are there permit-required confined spaces at the facility? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Is permit-required confined space entry conducted? YES \_\_\_\_\_ NO \_\_\_\_\_

Does written policy exist for the "stand-by" person on a confined space entry?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Where is permit posted? \_\_\_\_\_

\_\_\_\_\_

**B. CONFINED SPACE ENTRY (29 CFR 1910.146) (Cont'd.)**

What are facility's atmospheric testing capabilities?

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What tests are conducted prior to tank entry?

  

- a. Oxygen content?
- b. Flammability?

  

- e. Toxicity?
- f. Other

If other, please note:

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9. What confined space entry equipment is available? (Check all that apply)

  
  
  
  

- a. Mechanical ventilation
- b. Mechanical retractor
- c. Harness
- d. Lifeline
- e. Alarm

  
  
  

- f. Motion detector
- g. Supplied air

Compressor supplied or  
Bottle required on an entry

  

- h. Other

If other, please note:

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10. How often is confined space entry equipment inspected?

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11. Who provides confined space entry rescue?

Outside team \_\_\_\_\_ Emergency responders \_\_\_\_\_

12. If emergency responders, what rescue equipment is available for tank entry, and how often is it inspected?

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13. Are periodic rescue drills conducted? YES \_\_\_\_\_ NO \_\_\_\_\_

**C. PERSONAL PROTECTION (29 CFR Subpart I)**

1. Has a hazard assessment been conducted to evaluate the hazards in the workplace and to select proper equipment (29 CFR 1910.132)? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Does the facility conduct initial and periodic training (1910.132)? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Is the following proper personal protective equipment available and utilized according to the existing hazards? If the answer is **YES**, please briefly describe the equipment in the space provided.

**PROTECTIVE EQUIPMENT**

**Yes or No**

**Description**

*a. Eye/Face*

*b. Head*

*c. Foot*

*d. Hand*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If other, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 Does the facility have a clothing policy (shoes, shirts, etc.)? YES \_\_\_\_\_ NO \_\_\_\_\_

5 Does the facility use or clean OSHA-regulated substances (29 CFR1910.1000)?

YES \_\_\_\_\_ NO \_\_\_\_\_

6 Does the facility have a written respiratory protection program(29 CFR 1910.134)?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. If utilized, are breathing air cylinders properly stored? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Are respirators readily available? YES \_\_\_\_\_ NO \_\_\_\_\_

9. Is respirator training documented through written records on site? YES \_\_\_\_\_ NO \_\_\_\_\_

Who performs the training? \_\_\_\_\_

Qualification? \_\_\_\_\_

**D. HOUSEKEEPING**

1. What are the facility's housekeeping policies? \_\_\_\_\_

2. Are floors, racks and railing cleaned daily? \_\_\_\_\_

3. Are sumps and drains inspected on a pre-determined schedule and cleared of residue as necessary \_\_\_\_\_

4. Are floors and aisles continually cleared of trip hazards? \_\_\_\_\_

5. Are areas around safety shower/eye wash stations and fire extinguishers kept clear? \_\_\_\_\_

Housekeeping comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. EMERGENCY RESPONSE**

1. Is there a written emergency response contingency plan at the facility, including provisions for community notification (40 CFR264.50 Subpart D)? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Are emergency phone numbers current and posted? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Are escape routes easily identified and kept clear of obstructions? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Is the following emergency equipment available and serviceable?

YES or NO

*a. First aid kit* \_\_\_\_\_

*b. Emergency oxygen/breathing air* \_\_\_\_\_

*c. Fire extinguishers* \_\_\_\_\_

*d. Emergency showers/eye wash* \_\_\_\_\_

*e. Panic alarm* \_\_\_\_\_

*f. Other* \_\_\_\_\_

**E. EMERGENCY RESPONSE (Cont'd)**

If other, please describe:

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5. Does policy exist for initial and periodic training in the following? (If YES, please also note the frequency with which training is conducted and whether or not both the training and frequency are documented)?

	<b><u>TRAINING</u> (YES or NO)</b>	<b><u>FREQUENCY</u></b>	<b><u>DOCUMENTATION</u> (YES or NO)</b>
<i>a. First aid</i>	_____	_____	_____
<i>b. CPR</i>	_____	_____	_____
<i>c. Fire extinguisher use</i>	_____	_____	_____
<i>d. Implementation of Emergency Response Contingency Plan</i>	_____	_____	_____

**F. GENERAL SAFETY/SECURITY**

- 1 Is someone on-site 24-7? YES \_\_\_\_\_ NO \_\_\_\_\_
- 2. Guard service on-site? YES \_\_\_\_\_ NO \_\_\_\_\_
- 3. Is the facility fenced? YES \_\_\_\_\_ NO \_\_\_\_\_
- 4. Do concrete parking pads exist on-site? YES \_\_\_\_\_ NO \_\_\_\_\_
- 5. Are gates locked when the facility is closed? YES \_\_\_\_\_ NO \_\_\_\_\_
- 6. Is there adequate lighting for the night parking of units? YES \_\_\_\_\_ NO \_\_\_\_\_
- 7. Is there adequate parking for the expected amount of business to be generated? YES \_\_\_\_\_ NO \_\_\_\_\_
- 8. Is there an equipment sealing service available? YES \_\_\_\_\_ NO \_\_\_\_\_
- 9. Is there a "sign in/out" policy for equipment arriving/ departing the facility? YES \_\_\_\_\_ NO \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_

- 10. Are appropriate hazard warning signs posted? YES \_\_\_\_\_ NO \_\_\_\_\_

**F. GENERAL SAFETY/SECURITY (Cont'd)**

11. Is the facility equipped with fall protection? YES \_\_\_\_ NO \_\_\_\_

If YES, please describe: \_\_\_\_\_

Is certification available? YES \_\_\_\_ NO \_\_\_\_

12. Describe lighting systems for general tank cleaning operation as well as for tank entry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Are vapor-proof and explosion-proof drop lights used? YES \_\_\_\_ NO \_\_\_\_

14. Are grounding cables utilized? YES \_\_\_\_ NO \_\_\_\_

15. Describe ventilation for general tank cleaning operation as well as for tank entry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. How are incompatible materials segregated?

\_\_\_\_\_

17. Describe cleaning chemicals storage area (i.e. containment, run-on/run-off, compatible materials, spill control, etc.):

\_\_\_\_\_  
\_\_\_\_\_

18. Are fire-resistant containers used for appropriate storage of flammable materials? YES \_\_\_\_ NO \_\_\_\_

19. Are OSHA 300 Forms posted in February and maintained for five (5) years? YES \_\_\_\_ NO \_\_\_\_

20. Are cameras used on parking areas? YES \_\_\_\_ NO \_\_\_\_ Washbays? YES \_\_\_\_ NO \_\_\_\_

21. a DOT / Homeland Security Hazardous Materials Plan in place? YES \_\_\_\_ NO \_\_\_\_

Comments on GENERAL SAFETY/SECURITY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. DRUG AND ALCOHOL PROGRAMS**

1. Does the facility have a drug/alcohol-testing program? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please explain briefly:

\_\_\_\_\_  
\_\_\_\_\_

2. Does the facility have an employee assistance program (EAP)? YES \_\_\_\_\_ NO \_\_\_\_\_

**H. WORKER PHYSICALS**

1. Does the facility require a post-job offer physical as a condition of employment? YES \_\_\_ NO \_\_\_

2. Are follow-up physicals and/or medical monitoring performed? YES \_\_\_ NO \_\_\_

If YES, how often? \_\_\_\_\_

\_\_\_\_\_

**RCRA SECTION**

1. What types of materials are cleaned at this facility (Check all that apply)?

<input type="checkbox"/>	a. Non-regulated materials
<input type="checkbox"/>	b. RCRA empty containers
<input type="checkbox"/>	c. U-listed materials
<input type="checkbox"/>	d. P-listed materials
<input type="checkbox"/>	e. RCRA hazardous wastes
<input type="checkbox"/>	f. Other

If other, please explain? \_\_\_\_\_

\_\_\_\_\_

2. Does this facility generate any hazardous waste? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please list the 12-digit EPA generator identification/notification number (40 CFR 262):

\_\_\_\_\_

3. Does this facility have a Treatment, Storage and Disposal (TSD) permit? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please list EPA identification number: \_\_\_\_\_

4. Does the facility hold hazardous waste in excess of 90 days? YES \_\_\_\_\_ NO \_\_\_\_\_

**RCRA SECTION (Cont'd)**

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has industrial or hazardous waste ever been disposed of on-site? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_

6. Does the facility have a written waste-management program? YES \_\_\_\_\_ NO \_\_\_\_\_

7. If YES, is waste-management program available for inspection? YES \_\_\_\_\_ NO \_\_\_\_\_

8. In regards to **regulated waste streams**, list the following:

1) current wastes, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) methods of disposal, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) company name of facility receiving waste, \_\_\_\_\_  
\_\_\_\_\_

(4) address of facility receiving waste, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) receiving disposal facility's EPA identification number, \_\_\_\_\_

**RCRA SECTION (Cont'd)**

(6) transporter's name. \_\_\_\_\_

9. In regards to **non-regulated waste** streams, list the following:

1) current wastes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) methods of disposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) company name of facility receiving waste: \_\_\_\_\_  
\_\_\_\_\_

(4) address of facility receiving waste: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) receiving disposal facility's EPA identification number: \_\_\_\_\_

(6) transporter's name: \_\_\_\_\_

11. Does the facility generate F-listed solvent wastes in the cleaning process (40 CFR 261.31)?

YES \_\_\_\_\_ NO \_\_\_\_\_

12. Describe the facility's internal procedures to account for and to track waste generated:

\_\_\_\_\_  
\_\_\_\_\_

13. Where, and for how long, are internal waste records kept?

\_\_\_\_\_

**RCRA SECTION (cont'd)**

14. Are hazardous waste manifests completed, tracked, filed and retained for three years per applicable regulations (40 CFR 262.40)? YES \_\_\_\_\_ NO \_\_\_\_\_

Are land disposal restriction (LDR) forms tracked with the manifest and retained for five years?  
YES \_\_\_\_\_ NO \_\_\_\_\_

15. How are hazardous wastes accumulated? (Check all that apply) (40 CFR 265.170 Subparts (I), (J))

  

a. Drums  
b. Aboveground Storage Tanks

  
  

c. Underground Storage Tanks  
d. Tank Trailers  
e. Other

If other, please explain:

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16. Describe the facility's waste management area (i.e. drum storage, concrete pad, etc.)

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17. Does the facility have in place a written annual training and documentation program for all employees handling hazardous wastes (40 CFR 262)? YES \_\_\_\_\_ NO \_\_\_\_\_

18. Is the RCRA training program administered by a qualified instructor? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what are the instructor's qualifications (40 CFR 262)? \_\_\_\_\_

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19. Does the facility have a waste minimization plan? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please describe briefly:

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20. Has this facility had a RCRA inspection? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please provide date of most recent inspection: \_\_\_\_\_

21. Has this facility had any RCRA violations? YES \_\_\_\_\_ NO \_\_\_\_\_

**RCRA SECTION (cont'd)**

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Is the facility under any type of RCRA regulatory compliance order or action? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Does the facility have underground storage tanks (40 CFR 280)? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please list tank age, size, and type of service:

TANK AGE	SIZE	TYPE OF SERVICE

24. Who is the person to contact regarding environmental questions?

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ Fax(es): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**CERCLA SECTION**

1. Is the facility presently, or has the facility in the past, been involved in any CERCLA corrective action on-site?      YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain:

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2. Is the facility included on CERCLA's list or state's list?      YES \_\_\_\_\_ NO \_\_\_\_\_

3. Is this facility included on the National Priority List or state's list?      YES \_\_\_\_\_ NO \_\_\_\_\_

**CLEAN WATER ACT SECTION**

1 Describe containment and drainage in cleaning rack operations area (i.e. roof[s]), number of bays):

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2. How do you dispose of your wastewater effluent (check all that apply)?

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | a. Treated on-site and discharged under a NPDES permit  |
| <input type="checkbox"/> | b. Pretreated on-site, then discharged to a POTW  |
| <input type="checkbox"/> | c. Discharged directly to a POTW  |
| <input type="checkbox"/> | d. Discharged directly to a ditch, stream, river, lake, ocean, ground, etc.                       |
| <input type="checkbox"/> | e. Wastewater collected and sent off-site to a permitted commercial wastewater treatment facility |
| <input type="checkbox"/> | f. Other  |

If other, please explain: \_\_\_\_\_

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**CLEAN WATER ACT SECTION (Cont'd)**

9. Describe the self-monitoring you perform to control pre-treatment process:

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10. Is the analysis listed in response to question number 7 available for inspection? YES \_\_\_\_\_ NO \_\_\_\_\_

11. Has this facility been audited or inspected by any wastewater regulatory agency in the past 12 months?

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, list agencies and dates:

AGENCY

DATE

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12. Is this facility operating under any wastewater compliance orders? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain \_\_\_\_\_

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13. Does facility have a stormwater run-off permit? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, is permit MULTI-SECTOR GENERAL \_\_\_\_\_ or is it INDIVIDUAL \_\_\_\_\_

14. If facility has a stormwater permit, what is permit identification number? \_\_\_\_\_

15. Does the facility have a Stormwater Pollution Prevention Plan and/are Best Management Practices in place?

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please describe briefly:

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**CLEAN AIR ACT SECTION**

1. Identify all processes and equipment covered by any air permits (tank cleaning, boiler, wastewater treatment, tanks, lot dust, etc.):

PROCESS OR EQUIPMENT

PERMIT NUMBER

AGENCY

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2. List any air pollution control technologies employed:

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3. Is the facility under any type of air compliance order or action? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

4. Has this facility been audited or inspected by any air regulatory agency? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please list agency and dates:

AGENCY

DATE

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- 5 Please characterize the community in which facility is located (i.e. proximity to residential areas, schools, etc.):

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**SOIL SECTION**

1. Does the facility have underground tanks? If yes, list tank age, size and type of service:

Size/Gallons	Age	Type of Service

2. Has a soil/subsoil evaluation been completed in the last:

2 Years	<input type="checkbox"/>	More than 5 years	<input type="checkbox"/>
5 Years	<input type="checkbox"/>	Do not know	<input type="checkbox"/>

Please explain:

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3. Is the facility presently or has the facility in the past been involved in an on-site soil clean-up for

Fuel tank/drum leakage/replacement?	YES	_____	NO	_____
Waste oil tank/drum leakage/replacement?	YES	_____	NO	_____
Chemical tank/drum leakage/replacement?	YES	_____	NO	_____
Glycol tank/drum leakage/replacement?	YES	_____	NO	_____
Battery storage area leakage?	YES	_____	NO	_____
Cleaning fluids container leakage?	YES	_____	NO	_____
Other, explain:	YES	_____	NO	_____

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4. Are there any areas of suspected contamination by a third party? YES \_\_\_\_\_ NO \_\_\_\_\_

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**CONCLUSION**

Further comments regarding this tankwash:

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**CERTIFICATION**

I certify that I have personally examined and am familiar with the information submitted in this document, and based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 e \_\_\_\_\_

Printed Name: \_\_\_\_\_

\* \* \* \* \*

Facility receiving complete audit.

I acknowledge that I have received this audit and wish to make the following comments on the audit.

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Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 e \_\_\_\_\_

Printed Name:

Disclaimer: Information in this audit form has been gathered from numerous sources and represents NTTC's best understanding of what is necessary to conduct a review and assessment of cargo tank cleaning facilities. Use of this form is voluntary. NTTC makes no representation, warranty or guarantee, expressed or implied, as to the correctness or sufficiency of material in this form, and NTTC assumes no responsibility or liability whatsoever in connection therewith.