



**TENNESSEE SMALL BUSINESS ENVIRONMENTAL ASSISTANCE PROGRAM**

**READY MIXED CONCRETE FACILITY**

**MULTI-MEDIA INSPECTION CHECKLIST**

Name of Facility/Site: \_\_\_\_\_

Location: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

County \_\_\_\_\_ Facility Telephone #: (\_\_\_\_) \_\_\_\_\_

Type of Activity: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Inspector's Title: \_\_\_\_\_



**A. GENERAL OBSERVATIONS (Check if items are observed)**

- |                    |       |                                   |       |
|--------------------|-------|-----------------------------------|-------|
| Dust?              | _____ | Stressed, Dead Vegetation?        | _____ |
| Odors?             | _____ | Stressed, Dead, or dying wildlife | _____ |
| Spillage?          | _____ | (animal, fish, etc.)?             | _____ |
| Leachate?          | _____ | Open Burning?                     | _____ |
| Smoke?             | _____ | Monitoring Wells?                 | _____ |
| Poor Housekeeping? | _____ |                                   |       |
| Poor Maintenance?  | _____ |                                   |       |
| Discolored Soil?   | _____ |                                   |       |
| Discolored Water?  | _____ |                                   |       |

Provide detailed description for all items checked (attach additional sheets if necessary).

**Note: Please be aware that a “No” response to any of the following questions may indicate a compliance issue and corrective action needed.**

**If you don't know the answer to a question and need assistance, please call the SBEAP at 1-800-734-3619 or e-mail [BGSBEAP@tn.gov](mailto:BGSBEAP@tn.gov)**

\* (If unknown, call SBEAP at 1-800-734-3619 for assistance)

## B. Clean Air

1. Does the facility have an air permit?  Yes  No  N/A
2. Are the facility's air permits up to date?  Yes  No  N/A
3. If the facility has a permit, does the facility monitor compliance and meet the permit conditions?  Yes  No  N/A
4. If the facility is planning or conducting any construction activity, has the company discussed the proposed activities and possible permitting requirements with the State or your local (i.e either Knox, Davidson, Shelby, Hamilton County) regulatory Division of Air Pollution Control?  Yes  No  N/A
5. If the facility has any sources of fugitive emissions (examples: unpaved roads, storage piles, material handling areas) has the company taken measures to either control or obtain an air permit for these emissions?  Yes  No  N/A
6. Does the facility ensure that wastes are not burned outside (including using burn barrels, piles, etc)?  Yes  No  N/A
7. Has the facility changed ownership and applied for a new permit from the appropriate air regulatory agency?  Yes  No  N/A
8. If the facility made changes to its operation, that differs from the permit, was the appropriate air regulatory agency notified?  Yes  No  N/A

## C. Emergency Planning and Community Right-To-Know Act (EPCRA)

1. Did the facility submit a Tier II report to the local Fire Department, Local Emergency Planning Committee, and Tennessee Emergency Management Agency, if the following exists:
- there are chemicals stored at the facility that require a Material Safety Data Sheet (MSDS) under OSHA's Hazard Communication Standard
  - the amount of chemicals stored on site exceed the threshold limit that requires a facility to submit a Tier II report?\*
2. Did the facility submit information to the Environmental Protection Agency (EPA) on the facility's chemicals that require Toxic Release Inventory (TRI) reporting?\*)  Yes  No  N/A

#### **D. Water Pollution Control**

1. Does the facility have a National Pollutant Discharge Elimination System (NPDES) permit, if the facility discharges wastewater to a body of surface water (stream, lake, etc.)?  Yes  No  N/A
2. Does the facility have a NPDES permit for process wash water and storm water runoff?  Yes  No  N/A
3. Does the facility take water sample(s) at outfall of wash water basin?  Yes  No  N/A
4. Does the facility submit the Monthly Discharge Monitoring Report (DMR) to the State?  Yes  No  N/A
5. Is the DMR signed with the original signature of the responsible official who certifies its accuracy?  Yes  No  N/A
6. If the facility has changed ownership, has the original owner submitted notice of termination (NOT) and the new owner submitted a notice of intent (NOI) for coverage?  Yes  No  N/A
7. Does the facility have a Storm Water Pollution Prevention Plan (SWPPP)?  Yes  No  N/A
8. Does the facility have a written Spill Prevention Control and Countermeasure Plan (SPCC) if the facility stores oil more than of 1,320 gallons in an above ground containers or tanks?  Yes  No  N/A
9. Have you eliminated any unauthorized bypassing throughout the treatment facility?  Yes  No  N/A
10. Were the employees trained as required by the permit, the SWPPP and the SPCC?  Yes  No  N/A
11. Were the reports required by the permit submitted on schedule?  Yes  No  N/A
12. Were the inspections and maintenance tasks performed as required by the permit, the SWPPP and the SPCC?  Yes  No  N/A

**E. Hazardous Waste**

1. Has the facility evaluated all wastes it generates to find out if they would be classified as hazardous waste?  Yes  No  N/A
2. Has the facility determined its hazardous waste generator status based on how much hazardous waste is generated in a calendar month (Conditionally exempt Small Quantity generator, Small Quantity Generator, Large Quantity Generator)?  Yes  No  N/A
3. Are solvent-contaminated shop towels collected and kept in a closed container?  Yes  No  N/A
4. Are containers labeled with words HAZARDOUS WASTE or other words that identify the content of container?  Yes  No  N/A
5. Does the facility prevent hazardous wastes from being dumped in dumpster, into drains, sinks or toilets?  Yes  No  N/A
6. Are containers of hazardous waste kept closed unless waste is being added or removed?  Yes  No  N/A
7. Does the facility send all hazardous waste off - site to a hazardous waste treatment, storage, disposal or recycling facility?  Yes  No  N/A
8. Were the inspections and maintenance tasks performed as required by the regulations?  Yes  No  N/A

**F. Solid Waste**

1. Has the facility evaluated its solid wastes to ensure that they do not meet the definition of hazardous or infectious waste?  Yes  No  N/A
2. Is the facility recycling materials such as cardboard, scrap metal, leftover (useable) paints, etc., where possible?  Yes  No  N/A
3. For solid wastes that cannot be recycled, is the facility sending these materials off – site for disposal at a licensed solid waste landfill?  Yes  No  N/A

**G. Underground Storage Tanks (UST) Program**

1. Are there any underground storage tanks at this facility?  Yes  No  N/A
2. Are the tanks registered with the State of Tennessee?  Yes  No  N/A