Hazardous Waste Pretreatment Inspection

Business Name: ___________________________ Contact Name: ___________________________
Address: ________________________________ Title: ________________________________
Phone No.: ( ) __________________________

Area Inspected: __________________________

Type of Service or Product: __________________________

SIC/NAICS Code: __________________________ EPA/Utah DEQ Hazardous Waste ID: __________________________

Hazardous Waste Type: __________________________

Hazardous Waste Amount: __________________________

RACRA info given to facility?  Y    N

Hazardous Waste stored near sanitary drains?  Y    N (if yes describe below)

Other Sanitary Discharges?  Y    N (specify below):

Grease Interceptor/Sampling Manhole:  Y    N    SMH Location: __________________________

Any other Chemicals, Solvents, Oils, etc. used and/or stored?  Y    N (if yes describe below)

Additional Inspector Comments:

__________________________________________  _________________________________
Inspection by (print name)  Inspection by (signature)

__________________________________________  _________________________________
Date of Inspection  Time of Inspection