







**FDEP Multimedia Program - DRY CLEANERS SECTOR
Inspection Checklist (Part II)**

Facility Name :	One Hour Star Cleaners
Facility Address :	276 E. Sausalito Blvd Casselberry, FL 32707
Date/Time :	April 26, 2010/2:10pm
Persons present :	Michelle Newman – Owner Danielle D. Owens - FDEP
Responsible Official :	Michelle Newman
Phone/Email :	(407)834-4114

Hazardous Waste Requirements {  indicates potential SNCs }

Inspection Question	Rule Reference	Answer
Generator Determination:		
• Days/week operate dryclean unit(s)		4days/wk
• Pounds of clothes drycleaned per day		70 lbs
• Gallons of separator water generated per day	Do not count if hardpiped to treatment system.	0.75 gals
• How often is sludge/muck scraped per week?		1/wk
• Pounds of sludge/muck collected per scraping		1 lb
• How often are filters changed?		Every 4 months
• How many filters per change?		4
• Sum above information to determine status:	<input checked="" type="checkbox"/> CESQG <input type="checkbox"/> SQG <input type="checkbox"/> LQG*	
CESQG: < 100 kg/month SQG: 100-1000 kg/month LQG: >1000 kg/month		
Preparedness & Prevention		
 Employee notification system?	SQG [40 CFR 262.34(d)(4)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 Device to summon emergency response agencies?	SQG [40 CFR 262.34(d)(4)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 Portable fire extinguishers and spill control equipment?	SQG [40 CFR 262.34(d)(4)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 Are employees trained in HW management?	SQG [40 CFR 262.34(d)(5)(iii)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 Program to test emergency equipment?	SQG [40 CFR 262.34(d)(4)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 Minimized possibility of spills and releases	SQG [40 CFR 262.34(d)(4)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Contingency Planning:		
Designated emergency coordinator?	SQG [40 CFR 262.34(d)(4)(i)]	R/O
• Posted names and telephone numbers of emergency coordinators, locations of fire alarms and extinguishers, fire department telephone numbers, and evacuation routes?	SQG [40 CFR 262.34(d)(4)(ii)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Storage of hazardous waste:		
• Calculate the total weight of all perc waste in the storage area as follows:	Maximum quantity limits are: CESQG = 2,200 lbs SQG = 13,200 lbs	
• For 15-gal containers:		240

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# of containers <u>2</u> x 120 lbs/container = lbs stored		
• For 30-gal containers: # of containers _____ x 240 lbs/container = lbs stored		
➔ Are all HW containers marked with an accumulation start date?	SQG [40 CFR 262.34(d)(4)]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If not, how long have they been on-site?		2 mo.
➔ SQG: is waste kept onsite ≤ 180 days?	SQG [40 CFR 262.34(d)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
• Is there satellite accumulation?	SQG [40 CFR 262.34(c)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
• If applicable, are satellite areas at/near the point of generation?	SQG [40 CFR 262.34(c)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
➔ Are containers labeled with the words "Hazardous Waste"?	SQG [40 CFR 262.34(d)(4)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not, percentage of HW containers not labeled:	<input type="checkbox"/> <10% <input type="checkbox"/> 11%-59% <input type="checkbox"/> >60%	
➔ Are containers in good condition and kept closed?	SQG [40 CFR 262.34(d)(2),(4)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Are containers compatible with contents?	SQG [40 CFR 262.34(d)(2)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Adequate aisle space between waste containers?	SQG [40 CFR 262.34(d)(4)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Are weekly inspections conducted and documented? [62-730.160(6) F.A.C.]	SQG [40 CFR 262.34(d)(2)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Recordkeeping		
➔ Are manifests available for the past three years?	CESQG [62-730.030(4) F.A.C.] SQG [40 CFR 262.44]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• If so, are manifests properly completed?	SQG [40 CFR 262 subpart B]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
➔ Are the originals present?	SQG [40 CFR 262 subpart B]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
• Exception reports?	SQG [40 CFR 268.44]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
➔ LDRs completed?	SQG [40 CFR 268.7]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
➔ Does the facility ensure waste disposal to a permitted facility?	CESQG [40 CFR 261.5(g)(3)] SQG [40 CFR 262.12(c)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Dry Cleaner Stds.		
Is the facility registered and display its registration placard?	376.303, F.S.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the facility in the dry cleaner solvent clean-up program? If so, what is the Facility ID #?	376.303, F.S.	<input checked="" type="checkbox"/> Not in Program
Are floor areas where solvent (product and waste) is managed or stored rendered impermeable to solvent?	376.3078(9)(a), F.S.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are all containers of solvent product or solvent waste within secondary containment?	376.3078(9)(a), F.S.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have all spills of more than 1 quart of dry cleaning solvent outside of a containment structure been reported to the State Warning Point by the owner/operator?	403.161(1)(d), F.S.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If a spill occurred, did the owner or operator immediately upon the discovery of such a spill, initiate and complete actions to abate the source of the spill?	403.161(11)(d), F.S.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

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Separator Water Treatment System Questions:

Inspection Question	Answer
Is a separator water treatment system employed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If so, is it within secondary containment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the system include the proper filter?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are records available to demonstrate that the filters have been changed in accordance with the manufacturer's recommendations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are spent filters disposed of as haz waste?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are wastewaters that contain soaps, detergents, chlorine, rust, etc. excluded from the treatments system in order to ensure that the filter is effective to treat the chlorinated solvents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Industrial Wastewater Standards

Inspection Question:	Rule Reference	Answer
Facility on septic or sewer?		<input checked="" type="checkbox"/> Sewer <input type="checkbox"/> Septic
Vacuum water discharged to:		<input type="checkbox"/> HW drum <input checked="" type="checkbox"/> Tx system <input type="checkbox"/> Ground <input type="checkbox"/> Sink/Toilet
Mop water discharged to:		<input type="checkbox"/> HW drum <input checked="" type="checkbox"/> Tx system <input type="checkbox"/> Ground <input type="checkbox"/> Sink/Toilet
Are solvent-based spotters used on laundry (non-drycleaned) garments?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the facility discharges to sewer, is it in compliance with local sewer permit?	62.625 F.A.C.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Dry Cleaning Equipment

Type	Manufacturer^	Model Number^	Capacity^	Age^
Dry to Dry	Bowe Passat	P350	35 lbs	11 yrs

Other

Number Employees	Years in Operation	Drinking Water
2		<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Notes by Inspector