VSQG CHECKLIST

Facility Name:_____

Date:_____

Facility Representative:		Facility ID #:			
SIC Codes:		Inspector:			
		40 CFR 262	14		
1.	Describe the facility's hazardous a			e streams 40 CFR 2	62.11:
	Waste	EPA Waste #s	Generation Rate	Disposal facility?	Proper Waste ID?
	7.1				
	•	be discrepancies in ditionally Exempt		ation in narrative) Generators - 40 CFR 2	262.14
2.	Does the facility generate less than 100 kg/mo (220 lb/mo) of all hazardous wastes? YN				
And less than 1kg/mo of acutely toxic (P-listed, 40 CFR 262.33) hazardous wastes? Y					_
3.	Has the facility obtained an EPA ID #? (not required for VSQGs) YN				
4.	Is the facility disposing of all its hazardous wastes to facilities permitted to accept				
	the waste? (40 CFR 262.14) Describe discrepancies in narrative. YN				
5.	Is the facility disposing of hazardous waste by mixing with used oil?				N
5.	Can the facility document proper disposal of all hazardous wastes? YN				
6.	Are any hazardous wastes treated or disposed of on site? Describe in narrative: YN				
7.	Are there any unpermitted discharges of other wastes to the environment? YN				