



# INDUSTRIAL USER INSPECTION CHECKLIST



<b>I. General Inspection Information</b>			
Name of industry:			
Date of visit:	Visit start time:	Visit end time:	
Inspection Type/Purpose	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Unscheduled	<input type="checkbox"/> Enforcement
	<input type="checkbox"/> Complaint	<input type="checkbox"/> New Company	<input type="checkbox"/> Follow-up
	<input type="checkbox"/> Permit Renewal	<input type="checkbox"/> Spill/Slug	
Name of inspectors/affiliation:			
Printed name:		Signature Date:	
Last inspection date:			
Inspected by:			
Did the previous inspection identify deficiencies that the industrial user was required to correct? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were deficiencies corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:	
List all observed noncompliance issues and any corrective action that has been taken, or is planned:			
Provide the name(s) and title(s) of industry representative(s)			
Printed Name(s)	Email(s)	Signature Date:	
<b>II. General Facility Information</b>			
Physical address of industry:			
Mailing address of industry:			
IU Permit Number:	Permit Exp. Date:	IU Classification(s):	NAICS Code(s):
Is the industrial user permit on file at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility is a CIU, is it correctly categorized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:	
Nature of operation and reason for industrial user classification:			
Number of employees:	Number of shifts:	Hours of operation/Days per week:	
Are there scheduled shut down periods <input type="checkbox"/> Yes <input type="checkbox"/> No		When:	
Seasonal production? <input type="checkbox"/> Yes <input type="checkbox"/> No		When:	
Number of wastewater discharge points to the POTW:			
All discharge points accounted for? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain:	
<b>III. Production/Process Areas</b>			
Comprehensive process description (identify raw materials, processes used, products produced/amount of finished product, and wastes and their destination; attach a process diagram if available) or if in City's file, so reference:			
Describe any substantial changes in manufacturing processes (changes that have occurred and changes that are planned):			
Production and flows verified for Production-Based CIUs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has there been any production or flow changes since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to either, has production or flow increased or decreased greater than 20% <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Did the industrial user report changes in process(es) to the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe the condition of process area(s):
Describe any housekeeping concerns:
Do floor drains/troughs lead to the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are incompatible process/raw materials separated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are pipes labeled/color coded with directional flow arrows for easy identification? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are temporary hoses in place as part of production? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a comprehensive piping diagram available at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are process tanks labelled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are storage tanks labelled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the industrial user meeting its best management practices requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How often is the production area cleaned?
What chemicals are used in the cleaning of the production area?
Is the wastewater generated from cleaning the production area discharged to the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Attach a schematic description of the production process(es) at the facility (or if in City's file, so reference).</i>
<b>IV. Wastewater Production</b>
Water source(s):
Water usage:
Is water consumption balanced with wastewater production? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Wastestream flow(s) discharged to the POTW (describe and include flow when available):
Production process(es):
Contact cooling water:
Boiler blowdown/makeup:
Evaporation (loss):
Non-contact cooling water:
Lawn maintenance/Irrigation (loss):
Are there any diversion meters in use (credit given for water used in final product, evaporation or lawn care)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sanitary:
Wastewater hauled offsite (include names of haulers and destination):
Other:
Sanitary: _____ (gpd)   Process: _____ (gpd)   Combined: _____ (gpd)
Describe any substantial changes in wastewater flow (changes that have occurred and changes that are planned):
Did the industrial user report changes in wastewater flow to the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is dilution of the wastewater stream occurring, or is there any potential for dilution? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Attach a comprehensive schematic of wastewater production and wastewater discharge points to the POTW's system or if in City's file, so reference.</i>

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<b>V. Pretreatment System</b>			
Does the industrial user treat its process wastewater prior to discharge to the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Type of pretreatment system (Describe and include comprehensive schematic description if available or if in City's file, so reference):			
Check which of the following are utilized for pretreatment prior to discharge to sanitary sewer:			
<input type="checkbox"/> Dissolved air floatation	<input type="checkbox"/> Membrane Tech.	<input type="checkbox"/> Ion Exchange	<input type="checkbox"/> Biological Treatment
<input type="checkbox"/> Centrifugation	<input type="checkbox"/> Flow Equalization	<input type="checkbox"/> Ozonation	<input type="checkbox"/> Chlorinating
<input type="checkbox"/> Chemical Precipitation w/Clarifier	<input type="checkbox"/> Oil/Water Separation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Grit Removal
<input type="checkbox"/> Sludge Filter Press	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Rotary Macro Screen	<input type="checkbox"/> Solvent Distillation
<input type="checkbox"/> pH Adjustment	<input type="checkbox"/> Sand Trap	<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Silver Recovery
<input type="checkbox"/> Belt/Disk/Rope Oil Skimmer	<input type="checkbox"/> CN Destruct	<input type="checkbox"/> Hex Cr Reduction	<input type="checkbox"/> Segregation of Streams
<input type="checkbox"/> Surfactants	<input type="checkbox"/> Work Tank Agitation	<input type="checkbox"/> De-Foaming	<input type="checkbox"/> Chelating Agents
<input type="checkbox"/> Continuous flow <span style="margin-left: 150px;"><input type="checkbox"/> Batch</span> <span style="margin-left: 150px;"><input type="checkbox"/> Combined</span>			
Condition/operation of pretreatment system: <span style="margin-left: 100px;"><input type="checkbox"/> Good</span> <span style="margin-left: 50px;"><input type="checkbox"/> Fair</span> <span style="margin-left: 50px;"><input type="checkbox"/> Poor</span>			
Explain condition rating:			
Are equipment maintenance records maintained and available for review? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Are equipment calibration records available, and are calibration frequencies adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Does the industrial user have a critical spare parts inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Is the detention time/mixing time in the pretreatment system adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Is the pH monitoring system working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Does the industrial user have a continuous pH monitoring system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Is the pretreatment system operator trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Is there an operator for each shift? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Has the system experienced operational/upset problems since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Describe:			
<b>VI. Slug/Spill Controls, Best Management Practices</b>			
Who has the authority to halt the discharge from the facility should a spill or slug discharge occur?			
How are employees informed of whom to call at the POTW in case of a spill or slug discharge?			
Is the facility required to implement a slug discharge control plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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If a slug plan is not currently required, should one be? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Is the slug discharge control plan appropriate for current conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Does the permit require or allow BMPs? <input type="checkbox"/> Required ? <input type="checkbox"/> Allowed? <input type="checkbox"/> Voluntary? <input type="checkbox"/> NA	
Types of BMPs	
<input type="checkbox"/> Installation of treatment	
<input type="checkbox"/> Prohibitions on certain practices, activities or discharges	
<input type="checkbox"/> Requirements for operation and maintenance of treatment units	
<input type="checkbox"/> Timeframes associated with key activities	
<input type="checkbox"/> Compliance certification, reporting and records retention	
<input type="checkbox"/> Slug discharge control plan	
<input type="checkbox"/> Solvent management plan	
<input type="checkbox"/> Other	
Description of Required BMPs:	
Description of Allowed BMPs:	
Description of Voluntary BMPs:	
P2 Equipment/Practices in use:	
<input type="checkbox"/> Overflow Alarms	<input type="checkbox"/> Aqueous Cleaning Solutions
<input type="checkbox"/> Fog/Halo Spray Rinsing	<input type="checkbox"/> Countercurrent Cascade Rinsing
<input type="checkbox"/> Dragout Collection Trays	<input type="checkbox"/> Seal-Less Pumps
<input type="checkbox"/> Air Jets/Curtains	<input type="checkbox"/> Horizontal Work Tank Negative Air Blankets
<input type="checkbox"/> Electrolytic Recovery	<input type="checkbox"/> Cartridge or Membrane Filtration
<input type="checkbox"/> Aqueous Paint Stripping Solutions	<input type="checkbox"/> Bead/Powder Blast Paint Removal
<input type="checkbox"/> Biocide Addition to Lengthen Coolant Life	<input type="checkbox"/> Centrifugation of Machining Coolant
<input type="checkbox"/> Flow Restrictors	<input type="checkbox"/> Overspray Recycle
<input type="checkbox"/> In-Situ Recycle (Ion Exchange, Reverse Osmosis)	<input type="checkbox"/> Conductivity Probes
<input type="checkbox"/> Dead/Stagnant Rinse Tanks	<input type="checkbox"/> Evaporation
Are BMPs installed correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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If Yes, does the BMP require installation of further treatment technology? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Explain:		
Does facility have its own EMS or a similar version? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the facility ISO 14001 certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Corrective actions necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Explain:		
Completion Date:		
<b>VII. Chemical Storage</b>		
Chemical storage area (identify the chemicals that are maintained on site and how they are stored):		
Any floor drains? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any spill control measures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can chemicals reach floor drains if spilled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is chemical containment needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often are floors washed?	What chemicals are used?	
How often is equipment washed?	What chemicals are used?	
Does the facility have the potential for a slug discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the facility required to have a slug control program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the slug discharge control plan available onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the slug discharge control plan still adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the facility had any past slug discharges? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are signs posted to inform employees about improper discharge practices? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>VIII. Sludge Generation</b>		
If the facility generates sludge or hauls regulated wastes, please complete the following information. <i>(If not, go to next section)</i>		
Sludge dewatering method (plate/frame filter, belt press, rotating drum vacuum, centrifuge, indexing paper filters, etc.):	Amount generated (55 gal barrel [bbl]/mo):	
Where does the liquid from dewatering go?	Disposal method:	
Sludge Storage (bbl):	Shipment frequency:	Manifests available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sludge hauler(s):	Disposal location(s):	

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Is the sludge generated characterized as a hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are hauling manifests available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is any sludge sent off as a valuable raw material? <input type="checkbox"/> Yes <input type="checkbox"/> No Examples: Zn sulfate sold to fertilizer mfg.; hydrochloric acid pickle liquor for local POTW's coagulation and phosphorous removal; spent sulfuric pickle liquor to formulate with ammonia for fertilizer; Al hydroxide filter cake in alum form for sale to POTWs; chrome/nickel sludge used to produce ferronickel alloy; etc.
<b>IX. Hazardous Waste Generation</b>
Is hazardous waste generated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is hazardous waste discharged to the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Manner of hazardous waste disposal:
Are hazardous wastes drummed and labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are hazardous wastes held onsite for more than 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the industrial user have hazardous waste manifests? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other problems associated with hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
<b>X. Solid Waste Production</b>
Are solid wastes (other than sludge) produced during manufacturing process? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the types and approximate volumes of solid waste produced:
Solid waste disposal method(s):
<b>XI. Monitoring, Recordkeeping, and Reporting</b>
Description of sample location:
Are there any concerns regarding the cleanliness or location of the sampling point? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Sampling method/technique:
Evaluation of self-monitoring data: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, was self-monitoring adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If not, explain why data was inadequate.
Who performs the self-monitoring analysis?

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Are the permit requirements appropriate for:	
Sample location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
Permit limit(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
Sample method? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
Sample frequency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
What changes, if any, are needed in the permit?	
Samples are analyzed according to 40 CFR part 136 method where they exist? Sample location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Explain:	
If alternative test procedures or modified methods are used (40 CFR 136.4-6), were all requirements met?	
Samples are analyzed within required holding times? Sample location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Samples are analyzed in-house or contract?	
If outside lab, what is the lab name?	
Samples are preserved according to 40 CFR part 136? Sample location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Samples in required bottle type per 40 CFR part 136?	
Samples are taken during periods of process discharge only? Sample location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Chain-of-custody (COC) form is used? Sample location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If COC is not used, describe documentation:	
COC form is filled out properly? Sample location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Record Keeping</i>	
All information kept for 3 years? Sample location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
All required information (see below) available, current and complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• The date, exact place, method, and time of sampling and the names of the person or persons taking the samples;</li> <li>• The dates analyses were performed;</li> <li>• Who performed the analyses;</li> <li>• The analytical techniques/methods used; and</li> </ul>	

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<ul style="list-style-type: none"> <li>The results of such analyses.</li> </ul>	
Explain:	
<i>Reporting</i>	
Did the facility report results of any more frequent sampling in the last reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, were all results reported? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
POTW notified of all violations identified by industrial user within 24 hours of becoming aware? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If NA, does the POTW do all the facility's monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resampling results following violations identified by industrial user submitted within 30 days of becoming aware? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do sample results match what is reported by the industry? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Are there any violations that were not reported to the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Have bypasses been reported?	
Have upsets been reported (CIUs)?	
<b>XII. Wastestreams Verification/Combined Wastestream Formula</b>	
Can flow be measured at all sampling locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are flows measured at each sampling location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of measuring device is used?	
How often are the flow measuring device(s) calibrated?	
Is there a calibration log for the flow meter?	
Are dilution wastestreams present at the sample location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the CWF used at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How are the flows determined?	
Is the facility using dilution to meet its effluent limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Should the facility be using the CWF? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any new flows that need to be considered in the application of the CWF? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any dilution flows that have not been accounted for? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Certification statement must be in compliance with 40 CFR 403.12 (1) and 40 403.6 (a) (2) (ii) and LAC 33:IX.6123.L and LAC 33:IX.6111.A.2.b "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

**Comments:**

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*Owner/Representative*

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*DES Representative*

*Facility Personnel Present at Inspection*

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