



DRY CLEANER INSPECTION REPORT



FACILITY INFORMATION

FACILITY NAME	_____	MAILING ADDRESS	_____
ADDRESS	_____		_____
PHONE	_____		_____
CONTACT/TITLE	_____		_____
BUSINESS OWNER	_____	E.P.A. ID#	_____

HAZARDOUS MATERIALS INFORMATION

SOLVENTS USED PERC _____
 NONE (DESCRIBE) _____
 OTHER (DESCRIBE) _____

SPILL & SECONDARY CONTAINMENT INFORMATION

SPILL & SECONDARY CONTAINMENT PROVIDED?

HAZARDOUS WASTE STORAGE	_____	YES	_____	NO	_____	Gallons	_____
SOLVENT (DRUM)	_____	YES	_____	NO	_____		_____
DRY CLEAN EQUIPMENT	_____	YES	_____	NO	_____		_____

EQUIPMENT INFORMATION

DRY CLEAN MACHINE MODEL/AGE/YEAR	MACHINE TYPE	# OF SEPARATOR LINES Closed loop	SOLVENT TANK CAPACITY
	Circle all that apply DRY TO DRY VENTED _____ TRANSFER _____ CLOSED LOOP (NON-VENTED) _____		
OPERATION OF SEPARATE UNITS		STILL _____	REFRIGERATED CONDENSATION _____
Check all that apply		SNIFFER _____	RECLAIMER (DRYER) _____

HAZARDOUS WASTE INFORMATION

WASTE HAULER INFO:

NAME	_____	EPA # OF DISPOSAL COMPANY	_____
ADDRESS	_____	MANIFEST # (s)	_____

WASTE TYPE:	STORAGE METHOD	DISPOSAL METHOD	DOCUMENTED BY MANIFEST/RECEIPT?	AMOUNT OF WASTE GENERATED/WEEK	FREQUENCY OF HAZ WASTE DISPOSAL
WASTE PERC			YES NO		
STILL BOTTOMS			YES NO		
PERC FILTERS			YES NO		
PERC CONDENSATE			YES NO		
SEPARATOR WATER			YES NO		

FLOOR DRAIN/SINK INFORMATION

FLOOR DRAINS/SINKS PRESENT? YES NO NUMBER _____ RAISED OR RECESSED?

LOCATION(S) _____

INSPECTOR'S COMMENTS

INSPECTOR _____ DATE OF INSPECTION _____