

## TENANT INSPECTION CHECKLIST

PCCA Representative: \_\_\_\_\_

Audit Date: \_\_\_\_\_ Type of Audit: Annual Follow-Up Lease Ending

Tenant Name: \_\_\_\_\_ Tenant ID: \_\_\_\_\_

Property Description: \_\_\_\_\_

Property Address: \_\_\_\_\_

Lease ID(s): \_\_\_\_\_

Facility Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Notes: List such things as number of buildings, loading/unloading areas and docks, etc.)

Description of Site Operations Including Supporting Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you conduct vehicle and/or equipment maintenance at your facility? Yes No

Describe the area where vehicle and/or equipment maintenance occurs at the facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What best management practices are used for these activities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any oil/water separator(s)? Yes No

If so, how many and what capacity?

Separator ID	Capacity

Describe the condition of the oil/water separator(s) and surrounding area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any AST's or UST's at your facility? Yes No

If so, how many, what capacity, what do they hold, and are they registered with TCEQ?

Container Type	Capacity	Material Stored	Registered ID w/ TCEQ

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Describe the condition of the AST's and/or UST's and surrounding area: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your facility have a maintenance and inspection program for oil/water separator(s), UST's and AST's?    Yes    No  
 Describe program (or provide copy to PCCA): \_\_\_\_\_  
 \_\_\_\_\_

Do you have any septic tank(s) at your facility?    Yes    No  
 Is it registered with the County?                      Yes    No                      If yes, County ID number? \_\_\_\_\_  
 Provide description of septic tank(s) and surrounding area: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### AIR EMISSIONS

What types of air emissions are generated as part of the site operations and activities and in what quantities?

Emission Type	Tons/Year
PM	
SOx	
NOx	
CO	
HAPS	
Other	

Are these emissions permitted?                      Yes    No                      If yes, under what type(s) of permit(s)?

Permit Type	Permit Numbers	Copy to PCCA
Permit By Rule		
New Source Review		
Title V		

Do you use refrigerants or other ozone depleting substances at your facility?    Yes    No  
 If yes, what types, in what quantities, and for what?

Type of Substance	Quantity Used	Use

Are personnel EPA certified and using EPA certified equipment?                      Yes    No

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Does your facility implement measures for reducing pollutants on ozone action days?    Yes    No

If yes, what measures? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### HAZARDOUS CHEMICALS

Do you handle hazardous chemicals at your facility?    Yes    No

If yes, what chemicals and in what quantities?

Type of Chemical	Quantity	Location Stored	MSDS on File	RMP Required	Tier II Reporting

Describe storage areas: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you met the requirements for emergency planning and notification?    Yes    No

Do you have the Port PD listed to be notified in the event of an emergency?    Yes    No

### WASTE DISPOSAL

Are you a registered hazardous waste generator?    CESQG    SQG    LQG    No

If yes, what is your State ID Number? \_\_\_\_\_ EPA ID Number? \_\_\_\_\_

What type of wastes do you generate as a part of your site operations, in what quantities, and how are they disposed of?

Type of Wastes	Quantities	Disposal Method
Used Oil		
Used Oil Filters		
Lead Acid Batteries		

Do you maintain disposal documentation on file?    Yes    No

Where are wastes stored pending disposal arrangements? \_\_\_\_\_

Describe waste storage area: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Notes should include observations of containment, clean, drain locked, wastes properly stored and labeled, etc.)

## TENANT INSPECTION CHECKLIST

Do you generate scrap tires at your facility?    Yes    No    If yes, in what quantity? \_\_\_\_\_

If greater than 500 tires, do you meet the scrap tire management requirements?    Yes    No

(Copy of management plan provided to PCCA?                      Yes    No    )

Describe storage area for scrap tires: \_\_\_\_\_

Do you recycle any materials at your facility?    Yes    No

If yes, what types of materials and in what quantities?

Type of Materials	Quantity

Do you have ships visiting your facility as a part of your operations?    Yes    No

Do you have a COA for MARPOL wastes?                      Annex I -oil                      Annex II-NLS                      Annex V-Garbage                      No

If yes, provide copy of to PCCA.

### HERBICIDES & PESTICIDES

Do you use herbicides or pesticides (fumigate) at your facility?    Yes    No

If yes, what chemical and in what quantity?

Type of Materials	Quantity	Use	Applied By Certified Applicator (Pesticides/Fumigations)

Describe the area where materials are stored: \_\_\_\_\_

### LEAD PAINT & ASBESTOS

Do you conduct any operations containing lead paint or asbestos?    Yes    No

Do these operations generate wastes or air emissions?                      Yes    No

If yes, describe management plans: \_\_\_\_\_

### PCB's

Do you know of any equipment at your facility that utilizes oil containing PCB's?    Yes    No

If yes, what equipment and what content of PCB's?

Equipment	PCB Content

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Describe the condition of the equipment and surrounding areas: \_\_\_\_\_

\_\_\_\_\_

### WASTE WATER / STORM WATER

Does your facility discharge waste water? Yes No      If yes, what is the permit number? \_\_\_\_\_

Where does the facility discharge to? \_\_\_\_\_

Is the port notified when exceedances in discharge? Yes No

Has tenant been put on notice of requirement? Yes No

Does your facility discharge storm water? Yes No      If yes, what is the permit number? \_\_\_\_\_

What is your facility SIC code? \_\_\_\_\_      What is the applicable TPDES sector? \_\_\_\_\_

Does your facility have a SWP3? Yes No      (Copy provided to PCCA? Yes No )

Are applicable benchmark levels in permit being met? Yes No

If not, explain steps being taken to try and meet permit benchmark levels: \_\_\_\_\_

\_\_\_\_\_

Is facility within MS4 area? Yes No      Is tenant aware of MS4 area? Yes No

### SPILL PREVENTION & RESPONSE

Do you have an SPCC or Facility Response Plan for your facility? Yes No      (Copy provided to PCCA? Yes No )

Do you have a GLO Oil Spill and Response Certificate? Yes No      If yes, certificate number? \_\_\_\_\_

Have you had any spills at your facility? Yes No      If yes, provide details of spills:

Date of Spill	Quantity & Material	Cleanup Actions	Spill Report	Copy provided to PCCA

Do you have the Port PD listed to be notified in the event of a spill? Yes No

### ENVIRONMENTAL MANAGEMENT SYSTEM

Does your facility have an EMS program or something similar? Yes No

Is the program ISO Certified? Yes No      If yes, what type of certification? \_\_\_\_\_

