

NTTC

DATE COMPLETED January 28, 2022

**TANK TRUCK CLEANING FACILITY AUDIT FORM**

**GENERAL INFORMATION**

Company DFW Tank Cleaning

Physical Address 4306 North I 35 East

City, State, Zip Code Waxahachie, TX 75165

Telephone 9729378118 Fax 9729379131

Mailing Address 4306 North I 35 East

City, State, Zip Code Waxahachie TX 75165

Directions from nearest Interstate: From I-35E exit Lofland Road

Hours of operation:

Monday – Friday: 0600-2230

Saturday: Closed

Sunday: Closed

Person to contact: Joe Svehlak Title: Facility Manager

Product limitations: no chloronated solvents or asphalt

Does this facility offer cleaning services outside of normal business hours?  Yes  No

If YES, please note person to contact: Joe Svehlak

Telephone (s) 9728778613 Fax 972-937-9131

E-mail Address info@dfwtankcleaning.com Website Address www.dfwtankcleaning.com

Service capabilities: (check all offered at this facility)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> a. Presolve            | <input checked="" type="checkbox"/> i. IBC cleaning                | <input type="checkbox"/> q. Application of nitrogen blanket |
| <input checked="" type="checkbox"/> b. Caustic             | <input checked="" type="checkbox"/> j. ISO container cleaning      | <input checked="" type="checkbox"/> r. Kosher Certification |
| <input checked="" type="checkbox"/> c. Detergent           | <input checked="" type="checkbox"/> k. Strip wash                  | <input checked="" type="checkbox"/> s. Product heating      |
| <input checked="" type="checkbox"/> d. Steam               | <input checked="" type="checkbox"/> l. Dry bulk container cleaning | Max Temp 250F   |
| <input checked="" type="checkbox"/> e. Hot/cold rinse      | <input type="checkbox"/> m. Power unit maintenance                 | Max boiler psi 70psi  |
| <input checked="" type="checkbox"/> f. Exterior wash       | <input type="checkbox"/> n. Tank maintenance                       | <input checked="" type="checkbox"/> t. Other                |
| <input checked="" type="checkbox"/> g. Drying              | <input checked="" type="checkbox"/> o. Pumps                       |   |
| <input checked="" type="checkbox"/> h. Food grade cleaning | <input checked="" type="checkbox"/> p. Hoses                       |   |

If other, please note: RO Rinse, hose, valve, Passivation

1. Does this facility have insurance?  Yes  No

**NTTC**

- 2. If YES, who is insurance carrier? Greenwich Insurance Company
- 3. What are the aggregate amounts? \$10,000,000.00
- 4. Does the facility have any environmental impairment liability coverage?  YES  No
- 5. Is facility self-insured?  YES  NO
- 6. If YES, please note gross revenues or estimated equity:  
Is this facility 1. Owned?  2. Leased?

Date this audit form completed:

Person completing audit form: Kamran Rahimian

Title: Environmental Compliance Manager

Company: DFW Tank Cleaning

Audit certified by: Joe Svehlak

Title: Manager

Company: DFW Tank Cleaning

**SAFETY SECTION**

Please answer YES or NO to the following questions and provide details as required:

**A. RIGHT-TO-KNOW (29 CFR 1910.1200)**

- 1. Does facility have a written employee right-to-know program?  YES  No
- 2. Is right-to-know training conducted?  YES  No  
If YES, when at time of hire updated yearly.
- 3. Are training records kept at the cleaning facility?  YES  No  
If NO, where kept?
- 4. Are SDS for products handled and used at the facility readily accessible?  YES  No
- 5. Are containers of hazardous materials properly labeled in English?  YES  No
- 6. Is right-to-know information posted?  YES  No  
If YES, where: breakroom

NTTC

**B. CONFINED SPACE ENTRY (29 CFR 1910.146)**

1. Does a confined space entry program exist at the facility?  YES  No

2. Has facility been surveyed for confined spaces?  YES  No

3. Is there a written procedure for confined space entry?  YES  No

4. Is training for confined space entry conducted?  YES  No

5. Are there permit-required confined spaces at the facility?  YES  No

6. Is permit-required confined space entry conducted?  YES  No

Does written policy exist for the "stand-by" person on a confined space entry?

YES  No

7. Where is permit posted? Entry to space

8. What are facility's atmospheric testing capabilities? four gas system

What tests are conducted prior to tank entry?

a. Oxygen content?

c. Toxicity?

b. Flammability?

d. Other

9. What confined space entry equipment is available? (Check all that apply)

a. Mechanical ventilation

f. Motion detector

b. Mechanical retractor

g. Supplied air

c. Harness

Compressor supplied or

d. Lifeline

Bottle required on an entry

e. Alarm

h. Other

10. How often is confined space entry equipment inspected? Start of each use and after each use.

11. Who provides confined space entry rescue?

Outside team

Emergency responders

12. If emergency responders, what rescue equipment is available for tank entry, and how often is it inspected?

13. Are periodic rescue drills conducted?  YES  No

NTTC

**C. PERSONAL PROTECTION (29 CFR Subpart I)**

- 1. Has a hazard assessment been conducted to evaluate the hazards in the workplace and to select proper equipment (29 CFR 1910.132)?  YES  No
- 2. Does the facility conduct initial and periodic training (1910.132)?  YES  No
- 3. Is the following proper personal protective equipment available and utilized according to the existing hazards? If the answer is **YES**, please briefly describe the equipment in the space provided.

<u>PROTECTIVE EQUIPMENT</u>	<u>YES or NO</u>	<u>DESCRIPTION</u>
<i>a. Eye/Face</i>	yes	Gogle
<i>b. Head</i>	yes	hard hat
<i>c. Foot</i>	yes	steel toe rubber boot
<i>d. Hand</i>	yes	pvc gloves

If other, please describe: Harness.

- 4 Does the facility have a clothing policy (shoes, shirts, etc.)?  YES  No
- 5. Does the facility use or clean OSHA-regulated substances (29 CFR1910.1000)?  
 YES  No
- 6. Does the facility have a written respiratory protection program (29 CFR 1910.134)?  
 YES  No
- 7.If utilized, are breathing air cylinders properly stored?  YES  No
- 8.Are respirators readily available?  YES  No
- 9.Is respirator training documented through written records on site?  YES  No

**D. HOUSEKEEPING**

- 1. What are the facility's housekeeping policies? end of shift
- 2. Are floors, racks and railing cleaned daily? yes
- 3. Are sumps and drains inspected on a pre-determined schedule and cleared of residue as necessary? yes
- 4. Are floors and aisles continually cleared of trip hazards? yes
- 5. Are areas around safety shower/eye wash stations and fire extinguishers kept clear? yes

Housekeeping comments:

**NTTC**

**E. EMERGENCY RESPONSE**

- 1. Is there a written emergency response contingency plan at the facility, including provisions for Community notification (40 CFR264.50 Subpart D)?  YES  No
- 2. Are emergency phone numbers current and posted?  YES  No
- 3. Are escape routes easily identified and kept clear of obstructions?  YES  No
- 4. Is the following emergency equipment available and serviceable?
  - a. First aid kit  YES  No
  - b. Emergency oxygen/breathing air  YES  No
  - c. Fire extinguishers  YES  No
  - d. Emergency showers/eye wash  YES  No
  - e. Panic alarm  YES  No
  - f. Other  YES  No

If other, please describe: building fire suppression

- 5. Does policy exist for initial and periodic training in the following? (If YES, please also note the frequency with which training is conducted and whether or not both the training and frequency are documented)?

	<b>TRAINING (YES or NO)</b>	<b>FREQUENCY</b>	<b>DOCUMENTATION (YES or NO)</b>
a. First aid	<i>yes</i>	<i>annually</i>	<i>yes</i>
b. CPR	<i>yes</i>	<i>annually</i>	<i>yes</i>
c. Fire extinguisher use	<i>yes</i>	<i>annully</i>	<i>yes</i>
d. Implementation of Emergency Response Contingency Plan	<i>yes</i>	<i>montly</i>	<i>yes</i>

**F. GENERAL SAFETY/SECURITY**

- 1. Is someone on site 24-7?  Yes  No
- 2. Guard service on-site?  Yes  No
- 3. Is the facility fenced?  Yes  No
- 4. Do concrete parking pads exist on-site?  Yes  No
- 5. Are gates locked when the facility is closed?  Yes  No
- 6. Is there adequate lighting for the night parking of units?  Yes  No
- 7. Is there adequate parking for the expected amount o business to be generated?  Yes  No
- 8. Is there an equipment sealing service available?  Yes  No

**NTTC**

- 9. Is there a "sign in/out" policy for equipment arriving/departing the facility?  Yes  No  
Explain on arrival or trailer drop
- 10. Are appropriate hazard warning signs posted?  Yes  No
- 11. Is the facility equipped with fall protection?  Yes  No  
If YES, please describe: miller harness system on rail with supplemental grab rail
- 12. Describe lighting systems for general tank cleaning operation as well as for tank entry: pendent lights, explosion proof for entry
- 13. Are vapor-proof and explosion-proof droplights used?  Yes  No
- 14. Are grounding cables utilized?  Yes  No
- 15. Describe ventilation for general tank cleaning operation as well as for tank entry: forced air blowers
- 16. How are incompatible materials segregated? Separate Storage Areas
- 17. Describe cleaning chemicals storage area (i.e. containment, run-on/run-off, compatible materials, spill control, etc.): material is stored in tote/barrel on containment skids
- 18. Are fire-resistant containers used for appropriate storage of flammable materials?  Yes  No
- 19. Are OSHA 300 Forms posted in February and maintained for five (5) years?  Yes  No

Comments on GENERAL SAFETY/SECURITY:

**G. DRUG AND ALCOHOL PROGRAMS**

- 1. Does the facility have a drug/alcohol-testing program?  Yes  No If YES, please explain briefly: pre-employment random, reasonable suspicion, post injury
- 2. Does the facility have an employee assistance program (EAP)?  Yes  No

**H. WORKER PHYSICALS**

- 1. Does the facility require a post-job offer physical as a condition of employment?  Yes  No
- 2. Are follow-up physicals and/or medical monitoring performed?  Yes  No If YES, how often? annually

**RCRA SECTION**

- 1. What types of materials are cleaned at this facility (Check all that apply)?
  - a. Non-regulated materials
  - b. RCRA empty containers
  - c. U-listed materials
  - d. P-listed materials
  - e. RCRA hazardous wastes
  - f. Other

If other, please explain: dedicated food grade bay

- 2. Does this facility generate any hazardous waste?  Yes  No

**NTTC**

If yes, please list the 12-digit EPA generator identification/notification number (40 CFR 262):  
TXR000079176

3. Does this facility have a Treatment, Storage and Disposal (TSD) permit?  Yes  No

If YES, please list EPA identification number:

4. Does the facility hold hazardous waste in excess of 90 days?  Yes  No

If YES, please explain:

5. Has industrial or hazardous waste ever been disposed of on-site?  Yes  No

If YES, please describe:

6. Does the facility have a written waste-management program?  Yes  No

7. If YES, is waste-management program available for inspection?  Yes  No

8. In regards **to regulated waste streams**, list the following:

- 1) current wastes: Flammables & Corrosives
- 2) methods of disposal: Fuel Blending & Neutralization
- 3) company name of facility receiving waste: Various Offsite Facilities
- 4) address of facility receiving waste:
- 5) receiving disposal facility's EPA identification number:
- 6) transporter's name:

9. In regards **to non-regulated waste streams**, list the following:

- 1) current wastes: DAF sludge & Various Nonregulated Wastes
- 2) methods of disposal: Landfill
- 3) company name of facility receiving waste: Various Offsite
- 4) address of facility receiving waste:
- 5) receiving disposal facility's EPA identification number:
- 6) transporter's name:

10. Does the facility generate F-listed solvent wastes in the cleaning process (40 CFR 261.31)?  
 Yes  No

11. Describe the facility's internal procedures to account for and to track waste generated: Manifests & BOL's

12. Where, and for how long, are internal waste records kept? At the facility for three years.

**NTTC**

13. Are hazardous waste manifests completed, tracked, filed and retained for three years per applicable regulations (40 CFR 262.40)?  Yes  No

Are land disposal restriction (LDR) forms tracked with the manifest and retained for five years?  
 Yes  No

14. How are hazardous wastes accumulated? (Check all that apply) (40 CFR 265.170 Subparts (I), (J))

- a. Drums
- b. Aboveground Storage Tanks
- c. Underground Storage Tanks
- d. Tank Trailers
- e. Other

If other, please explain:

15. Describe the facility's waste management area (i.e. drum storage, concrete pad, etc.) All drum storage is under roof and on concrete.

16. Does the facility have in place a written annual training and documentation program for all employees handling hazardous wastes (40 CFR 262)?  Yes  No

17. Is the RCRA training program administered by a qualified instructor?  Yes  No  
If YES, what are the instructor's qualifications (40 CFR 262)? 40 hour Hazwopper train the trainer course.

18. Does the facility have a waste minimization plan?  Yes  No  
If YES, please describe briefly: Fuel Blending, Re-use, and Recycling when possible.

19. Has this facility had a RCRA inspection?  Yes  No  
If YES, please provide date of most recent inspection:

20. Has this facility had any RCRA violations?  Yes  No  
If YES, please explain:

21. Is the facility under any type of RCRA regulatory compliance order or action?  Yes  No  
If YES, please explain:

22. Does the facility have underground storage tanks (40 CFR 280)?  Yes  No  
If YES, please list tank age, size, and type of service:

TANK AGE	SIZE	TYPE OF SERVICE
----------	------	-----------------

23. Who is the person to contact regarding environmental questions?

Name: Kamran Rahimian



**NTTC**

Title: Environmental Compliance Manager

Telephone(s): 9729237522 Fax(es) 9729237599

E-mail address: k.rahimian@cccob.com

**CERCLA SECTION**

1. Is the facility presently, or has the facility in the past, been involved in any CERCLA corrective action on-site?  Yes  No

If YES, please explain:

2. Is the facility included on CERCLA's list or state's list?  Yes  No

3. Is this facility included on the National Priority List or state's list?  Yes  No

**CLEAN WATER ACT SECTION**

1. Describe containment and drainage in cleaning rack operations area (i.e. roof[s]), number of bays): Six bay enclosed building with a floor trough to sump inside covered contained treatment area.

2. How do you dispose of your wastewater effluent (check all that apply)?

- a. Treated on-site and discharged under a NPDES permit
- b. Pretreated on-site, then discharged to a POTW
- c. Discharged directly to a POTW
- d. Discharged directly to a ditch, stream, river, lake, ocean, ground, etc.
- e. Wastewater collected and sent off-site to a permitted commercial wastewater treatment facility
- f. Other

If other, please explain:

3. If pretreatment is used, please describe system: heel management, first flush segregation, equallazation, ph adjustment, chemical physical, DAF, discharge with ph monitor of discharge.

4. If a POTW or a permitted commercial wastewater disposal facility is used, please list:

<u>NAME</u>	<u>ADDRESS</u>	<u>PERMIT NUMBER</u>
City of Waxahachie		38015

**NTTC**

5. List permits, and agencies that issued the permits, for wastewater and sludge disposal, if applicable:

PERMIT

AGENCY

6. List the testing requirements to satisfy wastewater permits: See Attached

7. What are the permit limits for pollutants regulated under the pretreatment standards from the 2000 TEC Final Rule (40 CFR § 442)?

8. Is this facility complying with the 2000 EPA Effluent Guideline Limitations by way of a pollutant management plan or through numeric limitations? Explain: Yes

9. Describe the self-monitoring you perform to control pre-treatment process: Continous monitoring and logging; WWTS Operator.

10. Is the analysis listed in response to question number 7 available for inspection?  Yes  No

11. Has this facility been audited or inspected by any wastewater regulatory agency in the past 12 months?

Yes  No If YES, list agencies and dates:

AGENCY

DATE

City of Waxahachie

2021

12. Is this facility operating under any wastewater compliance orders?  Yes  No

If YES, please explain:

13. Does facility have a storm water run-off permit?  Yes  No

If YES, is permit MULTI-SECTOR GENERAL  or is it INDIVIDUAL

14. If facility has a storm water permit, what is permit identification number?

15. Does the facility have a Storm water Pollution Prevention Plan and/are Best Management Practices in place?  Yes  No If YES, please describe briefly:

**CLEAN AIR ACT SECTION**

1. Identify all processes and equipment covered by any air permits (tank cleaning, boiler, wastewater treatment, tanks, lot dust, etc.):

PROCESS OR EQUIPMENT

PERMIT NUMBER

AGENCY

82778

TCEQ

**NTTC**

- 2. List any air pollution control technologies employed: Flare
- 3. Is the facility under any type of air compliance order or action?  Yes  No  
If YES, please explain:
- 4. Has this facility been audited or inspected by any air regulatory agency?  Yes  No  
If YES, please list agency and dates:

AGENCY	DATE
TCEQ	2009
TCEQ	2010
TCEQ	2014

- 5. Please characterize the community in which facility is located (i.e. proximity to residential areas, schools, etc.): Heavy Industrial

**SOIL SECTION**

- 1. Does the facility have underground tanks? If yes, list tank age, size and type of service:

Size/Gallons	Age	Type of Service
--------------	-----	-----------------

- 2. Has a soil/subsoil evaluation been completed in the last:

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> 2 Years | <input type="checkbox"/> More than 5 years      |
| <input type="checkbox"/> 5 Years | <input checked="" type="checkbox"/> Do not know |

Please explain:

- 3. Is the facility presently or has the facility in the past been involved in an on-site soil clean up for:

- |  |   |
|--|---|
| Fuel tank/drum leakage/replacement?      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Waste oil tank/drum leakage/replacement? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Chemical tank/drum leakage/replacement?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Glycol tank/drum leakage/replacement?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Battery storage area leakage?            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Cleaning fluids container leakage?       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Other, explain?                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**NTTC**

4. Are there any areas of suspected contamination by a third party?  Yes  No

**CONCLUSION**

Further comments regarding this tankwash:

**CERTIFICATION**

I certify that I have personally examined and am familiar with the information submitted in this document, and based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

Signed Joey Svehlak Title Facility Manager Date 01/28/2022

Printed Name: Joseph Svehlak

\* \* \* \* \*

Facility receiving complete audit.

I acknowledge that I have received this and audit and wish to make the following comments on the audit.

Signed Title Date

Printed Name:

Disclaimer: Information in this audit form has been gathered from numerous sources and represents NTTC's best understanding of what is necessary to conduct a review and assessment of cargo tank cleaning facilities. Use of this form is voluntary. NTTC makes no representation, warranty or guarantee, expressed or implied, as to the correctness or sufficiency of material in this form, and NTTC assumes no responsibility or liability whatsoever in connection therewith.