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.)

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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? _____

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OTHER ISSUES & OBSERVATIONS

(Note: Indicate observations such as signs of contamination, improper disposal and handling of materials, etc.)

ACTION ITEMS

Action Item	Responsibility	Completion Date

ENVIRONMENTAL OR OTHER CONTACT(S):

Name:

Mailing Address:

Phone Number:

Fax Number:

Email:

Comments: