**STFC Waste Duty of Care Pre-visit Questionnaire**

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| **1. General Facility Information** |
| Type of waste facility(e.g. Broker/Transfer Station, etc.) |  |
| Facility Name |  |
| Address |  |
| Telephone Number |  |
| Primary Contact (Name and Position) |  |
| Operational Hours |  |
| Year facility opened? |  |
| Copy of site Licences available?Please tick. | YES |  | NO |  |
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| Does the facility have any third party certification, such as ISO or EMAS?If yes, Please Specify. | YES |  | NO |  |
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| Is your company a member of any trade associations? Please tick.If yes, Please Specify | YES |  | NO |  |
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|  |
| Does your company have any supporting documentation available for review?If yes, please forward with this completed questionnaire | YES |  | NO |  |
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| **2. Ownership** |
| Facility Ownership:Please tick | Individual | Partnership | Corporation |
|  |  |  |  |  |  |  |  |  |
| Corporation and/or name is different from above (Name and Address) |  |

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| **3. Permit and Licence Information** |
| Name of regulating agency/agencies |  |
| Please indicate whether your facility has any of the following documents. Please tick.(Please attach copies) |
| Transportation Permit(s) | YES |  | NO |  |
| Waste Permit(s) | YES |  | NO |  |
| Air Permit(s) | YES |  | NO |  |
| Water Permit(s) | YES |  | NO |  |
| Other Environmental Permits | YES |  | NO |  |
| Regulatory Agency Inspection Reports | YES |  | NO |  |
| Environmental Policies or Operating ProceduresFor the facility  | YES |  | NO |  |
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| **4. Regulated Waste Information** |
| Total quantity of Regulated waste received annually |  |
| Total Permitted Storage Capacity |  |
| **5. Waste Receipt and Record keeping** |
| Are past operating records readily availableIf yes, for how many past years? Please tick | YES |  | NO |  |
|  YEARS |  |
| Are past outgoing shipping records readily available. If yes, for how many past years | YES |  | NO |  |
|  YEARS |  |
| **6. Laboratory** |
| Is there an on-site laboratory? Please tick. | YES |  | NO |  |
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| Is the waste analysed upon arrival at the site? Please tick. | YES |  | NO |  |
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| **7. Compliance, Contamination and Spill History** |
| Has the facility had any regulatory violations in the past 5 years? Please tick. | YES |  | NO |  |
| *If yes please supply details* |
| Has there been contamination or clean-up at the facility? Please tick. | YES |  | NO |  |
| *If yes please supply details* |
| **8. Employee Information** |
| Are your employees suitably trained in handling the waste received at this facility? Please tick. | YES |  | NO |  | n/a |  |
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| **9. Insurance** |
| Please list any type(s) of insurance or financial letters of certificate that currently apply at the facility. (i.e. Comprehensive General Liability, Comprehensive Auto Liability, Pollution Liability Insurance, etc.) |  |

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| **10. Waste Management** |
| Please Catalogue which waste types (and quantities) the facility is licensed to accept. |
| **Waste Category** | **Description** | **EWC/LOW Code** | **Quantity Permitted** |
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| **12. Declaration****The information on this form is accurate and has been completed by an appropriate person within the Company.**  |
| Name of person completing form (Print)Company PositionSignatureDate |  |