**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 | | |  | | |
|  | | | | | | | | | | | |
| 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 Procedures  For the facility | YES | |  | | NO | |  | |
|  | | | | | | | |
| **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 available  If 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 | |  | |
|  | | | | | | | |
| Is the waste analysed upon arrival at the site? Please tick. | YES | |  | | NO | |  | |
|  | | | | | | | |
| **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 | |  |
|  | | | | | | | |
| **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** |
|  |  |  |  |
| **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 Position  Signature  Date | |  | |