

Guidelines for the Random Load Inspection Template

ADEM Admin. Code r. 335-13-4-.21(1)(b) states that waste accepted at the facility shall be strictly controlled so as to allow only waste stipulated on the permit or otherwise as may be approved by the Department. The permittee of any facility permitted under these Rules must have in the operating record a plan describing procedures the permittee will implement for detecting and preventing the disposal of free liquids, regulated hazardous wastes, regulated medical wastes, and regulated PCB wastes at the facility. This plan must include at a minimum:

- 1. Random inspections of incoming loads to ensure that incoming loads do not contain free liquids, regulated hazardous wastes, regulated medical wastes, or regulated PCB wastes.*

The Department has developed a Random Load Inspection template as an example to assist facilities in the development of waste screening procedures. Some or all of the components of this template may be incorporated at your facility in order to satisfy the requirements regarding random load inspections. Please use this as a starting point to developing appropriate procedures based on the specific policies and procedures at your facility. Depending on the wastes accepted at your facility, more stringent waste screening procedures may be warranted. When filling out the form, complete all applicable fields and provide as much information as possible.

This form is not standardized or required by the Department.

If you have any questions about random load inspection requirements at your facility, please contact the Solid Waste Branch for assistance at (334) 274-4201.

RANDOM LOAD INSPECTION TEMPLATE

ADEM Admin. Code r. 335-13-4-.21(1)(b)

Facility Name & Permit Number

Inspection Time & Date

WASTE HAULER INFORMATION

| | |
|------------------------------------|--|
| Company Name | |
| Driver Name | |
| Vehicle Description/Container Type | |

GENERATOR & WASTE INFORMATION

| | |
|---|--|
| Waste Generator Name & Address | |
| Method of Shipment: <input type="checkbox"/> Bulk <input type="checkbox"/> Drum <input type="checkbox"/> Bagged <input type="checkbox"/> Other: | |
| Quantity Generated: Amount: _____ <input type="checkbox"/> Tons <input type="checkbox"/> Cubic Yards <input type="checkbox"/> Other | |
| Per: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other | |
| Special Waste Approval Number, if applicable: | |

WASTE CHARACTERISTICS

| |
|--|
| Waste Description (C/D, MSW, Ind.): |
| Typical Color(s): |
| Strong Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: |
| Physical State: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Semi-Solid or Sludge <input type="checkbox"/> Other: |
| pH Range: <input type="checkbox"/> ≤ 2 <input type="checkbox"/> 2.1-12.4 <input type="checkbox"/> ≥ 12.5 <input type="checkbox"/> N/A (Solid) <input type="checkbox"/> Actual: |

| |
|---|
| Does the load contain unauthorized waste? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| If yes, identify which waste: <input type="checkbox"/> Free Liquids <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Medical Waste <input type="checkbox"/> PCB Waste |
| If the load contains any of the waste listed above, the load is unacceptable for disposal and should be rejected. Indicate reasons for rejection below and attach any additional documentation: |
| _____ |
| _____ |
| _____ |
| _____ |
| <i>*If load is rejected by the facility, please see the facility's plan for procedures for notifying the proper authorities per ADEM Admin. Code r. 335-13-4-.21(1)(b)5.</i> |

Approval Decision: Approved Rejected

By signing this Inspection Form, I hereby certify that all information in this form and all attached documents contain true and accurate descriptions of the waste material.

Inspector Signature

Date