



**90 DAY HAZARDOUS WASTE
STORAGE AREA CLOSURE**

**ADMINISTRATIVE CLOSURE FOR THE 90 DAY
HAZARDOUS WASTE STORAGE AREA AT
BUILDING CB-13b IN LOAD LINE 1**

Ravenna Army Ammunition Plant
Ravenna, Ohio 44266



Prepared for:

US Army Operations Support Command (OSC)
Rock Island, Illinois 61299-6000

NOVEMBER 2002



MKM Engineers, Inc.
Geotechnical, Environmental and Remediation Services

November 11, 2002

MEMO TO FILE

SUBJECT: Administrative Closure of the 90 day Hazardous Waste Storage Area at Building CB-13b, Load Line 1, at the Ravenna Army Ammunition Plant (RVAAP).

This letter serves as the statement of closure for the 90 day Hazardous Waste Storage Area located at Building CB-13b in Load Line 1. This area was operated as a 90 day Hazardous Waste Storage Area from 2 Mar 00 to 11 Nov 02.

Building CB-13b measures approximately 11,000 square feet in area of which 400 square feet at the north end of the building were used for the storage area. The floor of the building is constructed of concrete and the entire floor area is covered by a roof. In addition, the 400 square foot area which was used for the 90 day Hazardous Waste Storage Area was protected by two layers of 40 mil polyethylene liner. Three sides of the storage area were bermed with hay bails, stacked two high, placed underneath the two layers of polyethylene liner. The fourth side of the storage area was bermed with 2" X 4" lumber spanning the length of the side. The construction of the pad created an enclosed and impervious surface for the storage of hazardous waste.

During the time of operation of the 90 day Hazardous Waste Storage Area at Building CB-13b, in Load Line 1, no releases of hazardous waste occurred. The inspection logs that were completed for the storage area support this statement. The 90 day Hazardous Waste Storage Area at Building CB-13b, in Load Line 1, is in compliance with the closure performance standard requirements set forth in OAC 3745-66-11 (A) and (B) and OAC 3745-66-14 and no sampling or decontamination activities are necessary in order for the area to be closed. A map of the 90 day Hazardous Waste Storage Area's location and post-closure photographs of the storage pad, as well as copies of all the inspection logs for the storage area, are attached to this statement. These closure activities were coordinated with Greg Orr of the Ohio Environmental Protection Agency, Division of Hazardous Waste Management.

Mark Patterson
Environmental Coordinator
RVAAP (Generator)

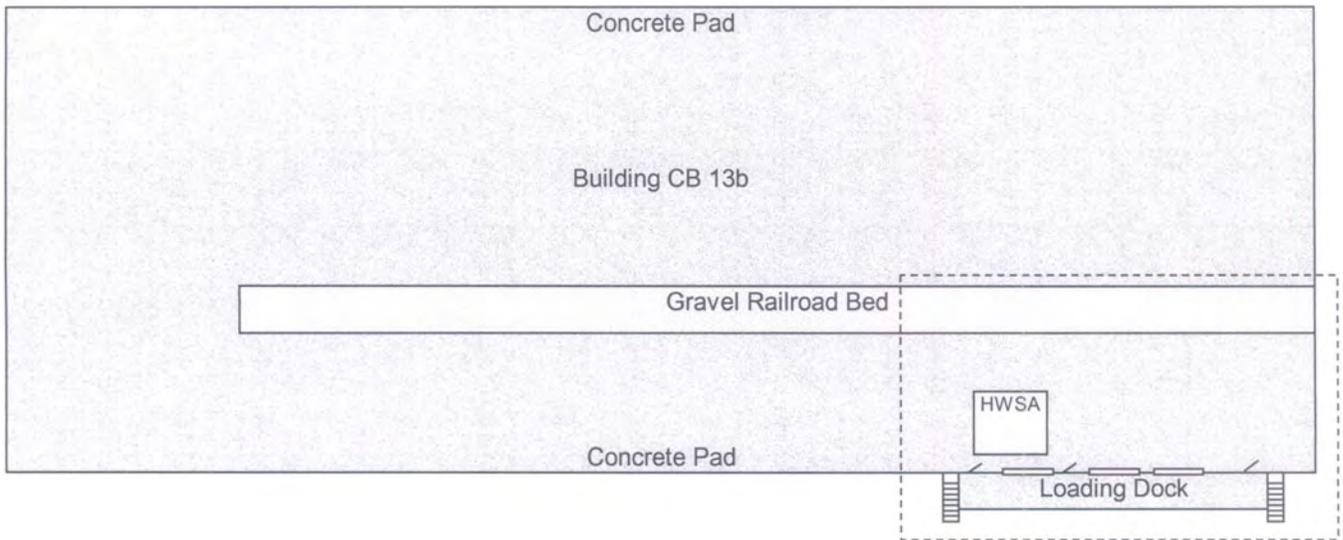
Michael G. Samelak
QA Manager
MKM Engineers, Inc. (Contractor)



Figure 1



Figure 2





**RAVENNA ARMY AMMUNITION PLANT – < 90 DAY HAZARDOUS WASTE STORAGE
PHOTOGRAPHIC LOG – 12 & 13 NOV 2002**

LOCATION: LOAD LINE 1 Bldg.CB-13b



Front View of <90 Day Storage Area prior to dismantling.



Rear View of closed <90 Day Storage Area after liners and barriers have been removed.



MKM Engineers, Inc.

**RAVENNA ARMY AMMUNITION PLANT – < 90 DAY HAZARDOUS WASTE STORAGE
PHOTOGRAPHIC LOG – 12 & 13 NOV 2002**

LOCATION: LOAD LINE 1 Bldg.CB-13b



Front View of closed <90 Day Storage Area after liners and barriers have been removed.



Add Times
SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Loadline 01

Project No.: C99039

336 297-5738

Randolph
DYM

330 935-2801

Class 9 = (9)

6 = (2)

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	3/7/00	3/13/00	3/21/00	3/30/00	4/3
Item No.	Item	Week 1	Week 2	Week 3	Week 4	Week 5
1.	Required Aisle Space	YES	YES	YES	YES	YES - see note
2.	Acceptable Container Integrity	YES	YES	YES	YES	NO YES
3.	Container Marking Visible	YES	YES	YES	YES	YES
4.	Spilled/Leaked Material Present	NO	NO	NO	NO	NO
5.	Acceptable Storage Tanks Integrity	NA	NA	NA	NA	NA
6.	Separation Distance Maintained	YES	YES	YES	YES	YES
7.	Waste Pile Covered	NA	NA	NA	NA	NA
8.	Containment Curbing Acceptable	YES	YES	YES	YES	YES
9.	Run-on/off Controls Functional	YES	YES	YES	YES	YES
Inspector's Signature		BAS	BAS	BAS	BAS	BAS
Inspection Date		3/7/00	3/13/00	3/21/00	3/30/00	4/3/00

NOTE: See reverse for Deficiency Response Actions

✓ wk 3 - need labels on active drums (5)

wk 4 " " (5) - Also - 1 Dr. Staged outside Area

4/3 ~~Drum~~ Full drums (mostly generated) need staged accordingly
waste in Buckets etc. needs transferred to appropriate drums



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Loadline 01

Project No.: C99039

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	WKG	WK7	W8	WK9	WK10
		Week 1	Week 2	Week 3	Week 4	Week 5
1.	Required Aisle Space	Y	Y	Y	Y	Y
2.	Acceptable Container Integrity	Y	Y	Y	Y	Y
3.	Container Marking Visible	Y	Y	Y	Y	Y
4.	Spilled/Leaked Material Present	N	Y	N	N	N
5.	Acceptable Storage Tanks Integrity	NA	NA	NA	NA	NA
6.	Separation Distance Maintained	Y	Y	Y	Y	Y
7.	Waste Pile Covered	NA	NA	NA	NA	NA
8.	Containment Curbing Acceptable	Y	Y	Y	Y	Y
9.	Run-on/off Controls Functional	Y	Y	Y	Y	Y
Inspector's Signature		BAS	BAS	BAS	BAS	BAS
Inspection Date		4/22/00	4/28/00	5/3/00	5/12/00	5/19/00

NOTE: See reverse for Deficiency Response Actions

WK - water collected on top of a 5301 drum - contained & cleaned up



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Loadline 01

Project No.: C99039

Weeks 1 through 13 in
2L01 File

INSTRUCTIONS:

- Inspector to enter "yes" or "no" response for each item.
- Sign, enter date of inspection, and return to Site Safety Officer at MKM project site office.
- Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	5/15/00	5/22/00	5/29/00	6/5/00	6/12/00
1.	Required Aisle Space	Y	Y	Y	Y	Y
2.	Acceptable Container Integrity	Y	Y	Y	Y	Y
3.	Container Marking Visible	Y	Y	Y	Y	Y
4.	Spilled/Leaked Material Present	N	N	N	N	N
5.	Acceptable Storage Tanks Integrity	NA	NA	NA	NA	NA
6.	Separation Distance Maintained	Y	Y	Y	Y	Y
7.	Waste Pile Covered	NA	NA	NA	NA	NA
8.	Containment Curbing Acceptable	Y	Y	Y	Y	Y
9.	Run-on/off Controls Functional	Y	Y	Y	Y	Y
Inspector's Signature		BAS	BAS	BAS	BAS	BAS
Inspection Date		5/25/00	5/25/00	5.30.00	6.6.00	6/2/00

NOTE: See reverse for Deficiency Response Actions

5/25/00 Inventory 5 lead/~~Debris~~ drums
 4 530l settling Basin contents drums
 1 PCB Ballast Drum

6/6/00 - Prep 6 drums for shipment: ~~5 lead, 1 PCB~~
 5 Pb chips w/ Debris - PCB contaminated chips
 1 PCB ballast drum

6/7/00 6 Drum shipped offsite - only the Non haz 530l
Drums in storage.



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Loadline 01

Project No.: C99039

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	6/19/00	6/26/00	7/7/00	7/10/00	7/17/00
1.	Required Aisle Space	Y	Y	Y	Y	Y
2.	Acceptable Container Integrity	Y	Y	Y	Y	Y
3.	Container Marking Visible	Y	Y	Y	Y	Y
4.	Spilled/Leaked Material Present	N	N	N	N	N
5.	Acceptable Storage Tanks Integrity	NA	NA	NA	NA	NA
6.	Separation Distance Maintained	Y	Y	Y	Y	Y
7.	Waste Pile Covered	NA	NA	NA	NA	NA
8.	Containment Curbing Acceptable	Y	Y	Y	Y	Y
9.	Run-on/off Controls Functional	Y	Y	Y	Y	Y
Inspector's Signature		BAS	BAS	BAS	BAS	BAS
Inspection Date		6/21/00	6/26/00	7/7/00	7/13/00	7/17/00

NOTE: See reverse for Deficiency Response Actions

5301 Drums lids cracked for venting bio activity



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Loadline 01

Project No.: C99039

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	7/24/00	8/4/00	8/8/00	8/14/00	8/21/00
1.	Required Aisle Space	Y	Y	Y	Y	Y
2.	Acceptable Container Integrity	Y	Y	Y	Y	Y
3.	Container Marking Visible	Y	Y	Y	Y	Y
4.	Spilled/Leaked Material Present	N	N	N	N	N
5.	Acceptable Storage Tanks Integrity	NA	NA	NA	NA	NA
6.	Separation Distance Maintained	Y	Y	Y	Y	Y
7.	Waste Pile Covered	NA	NA	NA	NA	NA
8.	Containment Curbing Acceptable	Y	Y	Y	Y	Y
9.	Run-on/off Controls Functional	Y	Y	Y	Y	Y
Inspector's Signature		BAS	BAS	BAS	BAS	BAS
Inspection Date		7/27/00	8/4/00	8/8/00	8/14/00	8/21/00

NOTE: See reverse for Deficiency Response Actions

8-21-00 - 12 Empty drums being staged in storage area
(Lids off)



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Loadline 01

Project No.: C99039

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	8/28/00	9/6/00	9/12/00	9/18/00	9/25/00
1.	Required Aisle Space	YES	YES	YES	YES	YES
2.	Acceptable Container Integrity	YES	YES	YES	Y	YES
3.	Container Marking Visible	YES	YES	YES	Y	YES
4.	Spilled/Leaked Material Present	NO	NO	NO	N	NO
5.	Acceptable Storage Tanks Integrity	NA	NA	NA	NA	NA
6.	Separation Distance Maintained	YES	YES	YES	Y	YES
7.	Waste Pile Covered	NA	NA	NA	NA	NA
8.	Containment Curbing Acceptable	YES	YES	YES	YES	YES
9.	Run-on/off Controls Functional	YES	YES	YES	YES	YES
Inspector's Signature		BAS	BAS	BAS	BAS	BAS
Inspection Date		8/28/00	9/6/00	9/12/00	9/21/00	9/29/00

NOTE: See reverse for Deficiency Response Actions

16 Empty drums now in storage Area
 5 w/ 5301 settling Basin contents - Non haz. - Lids kept cracked for venting bio activity
 - 9 59gal. Buckets + 4 (1-39gal) containers of waste oil to be recycled -
 - 4 Bag of PPE (biopad)



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site:

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 10/3/00 Time: 1430	Date: 10/11/00 Time: 1500	Date: 10/19/00 Time: 1530	Date: 10/26/00 Time: 1430	Date: 11/3/00 Time: 1200
1.	Are all containers closed?	YES	YES	YES	YES	YES
2.	Are all containers in good condition?	YES	YES	YES	YES	YES
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	NO	NO	NO	NO	NO
4.	Are containers stored/handled in a manner that would prevent spills?	YES	YES	YES	YES	YES
	Are containers compatible with wastes stored in them?	YES	YES	YES	YES	YES
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	NA - No haz in storage	NA	NA	NA	*yes 1 Drum
7.	Have any containers been stored for more than 180 days?	NO	NO	NO	NO	NO
8.	Have any containers been stored for more than 90 days?	NO	NO	NO	NO	NO
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	YES	YES	YES	YES	YES
10.	Are incompatible wastes stored separately?	YES	YES	YES	YES	YES
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA	NA
	Inspectors Signature	<i>B.A. Stuckell</i>	<i>B.A. Stuckell</i>	<i>B.A. Stuckell</i>	<i>B.A. Stuckell</i>	<i>B.A. Stuckell</i>
	Printed Name	Brian Stuckell	Brian Stuckell	Brian Stuckell	Brian Stuckell	Brian Stuckell

NOTE: See reverse for Deficiency Response Actions

* 11/3/00 - LL 01 Pipe decon (solids) Drum



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LL01

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 10/3/00 Time: 1430	Date: 10/11/00 Time: 1500	Date: 10/19/00 Time: 1530	Date: 10/26/00 Time: 1430	Date: 11/3/00 Time: 1200
1.	Internal Alarm/Intercom operational?	Yes Emerg. Air Horn	Yes	Yes	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes	Yes
	Water of adequate volume & pressure?	Yes - as needed in portable poly tanks	Yes	Yes	Yes	Yes
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes	Yes
7.	Other:	None	None	None	None	None
	Inspectors Signature	<i>B.A. Stockwell</i>	<i>B.A. Stockwell</i>	<i>B.A. Stockwell</i>	<i>B.A. Stockwell</i>	<i>B.A. Stockwell</i>
	Printed Name	Brian A. Stockwell	Brian A. Stockwell	Brian A. Stockwell	Brian A. Stockwell	Brian A. Stockwell

NOTE: See reverse for Deficiency Response Actions

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SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site:

Project No.:

INSTRUCTIONS:

- Inspector to enter "yes" or "no" response for each item.
- Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
- Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 11/8/00 Time: 1220	Date: 11/16/00 Time: 1203	Date: 11/20/00 Time: 1623	Date: 11/30/00 Time: 0730	Date: 12/6/00 Time: 1200
1.	Are all containers closed?	YES	YES	YES	YES	YES
2.	Are all containers in good condition?	YES	YES	YES	YES	YES
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	NO	NO	NO	NO	NO
4.	Are containers stored/handled in a manner that would prevent spills?	YES	YES	YES	YES	YES
	Are containers compatible with wastes stored in them?	YES	YES	YES	see note YES (PCB)	YES
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	YES	YES	YES	see note YES (1 PCB)	YES
7.	Have any containers been stored for more than 180 days?	NO	NO	NO	NO	NO
8.	Have any containers been stored for more than 90 days?	NO	NO	NO	NO	NO
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	YES	YES	YES	YES	YES
10.	Are incompatible wastes stored separately?	YES	YES	YES	YES	YES
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA - NO ignit. or react. waste	NA	NA	NA	NA
	Inspectors Signature	B. C. Stokell	B. C. Stokell	B. C. Stokell	B. C. Stokell	B. C. Stokell
	Printed Name	Brian Stokell	Brian Stokell	Brian Stokell	Brian Stokell	Brian Stokell

NOTE: See reverse for Deficiency Response Actions

11/30/00 Drum Labelled w/ PCB Labels per analytical results
 Also - Faded drum descriptions rewritten w/ mean streak pen.



SAFETY AND HEALTH FORMS

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WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LL #1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 11/8/00 Time: 1220	Date: 11/16/00 Time: 1203	Date: 11/20/00 Time: 1623	Date: 11/30/00 Time: 0730	Date: 12/6/00 Time: 1200
1.	Internal Alarm/Intercom operational?	Yes - Air Horn	Yes	Yes	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes	Yes
	Water of adequate volume & pressure?	Yes - as needed in potable tanks	Yes	Yes	Yes	Yes
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes	Yes
7.	Other:	None	None	None	None	None
	Inspectors Signature	<i>B.A. Stockwell</i>	<i>B.A. Stockwell</i>	<i>B.A. Stockwell</i>	<i>B.A. Stockwell</i>	<i>B.A. Stockwell</i>
	Printed Name	Brian Stockwell	Brian Stockwell	Brian Stockwell	Brian Stockwell	Brian Stockwell

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

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SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site:

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 12/12/00 Time: 1213	Date: 12-21-00 Time: 1445	Date: 12/26/00 Time: 1300	Date: 01-05-01 Time: 17:09	Date: 1-12-01 Time: 1642
1.	Are all containers closed?	yes	yes	yes	yes	yes
2.	Are all containers in good condition?	yes	yes	yes	yes	yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	no	no	no	no	no
4.	Are containers stored/handled in a manner that would prevent spills?	yes	yes	yes	yes	yes
	Are containers compatible with wastes stored in them?	yes	yes	yes	yes	yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	1 PCB drum in Storage	1 PCB Drum	1 PCB Drum	4 PCB Drums in Storage	4 PCB Drums in Storage
7.	Have any containers been stored for more than 180 days?	no	no	no	no	no
8.	Have any containers been stored for more than 90 days?	no	no	no	yes (PCB waste only)	yes (PCB waste only)
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	yes	yes	yes	yes	yes
10.	Are incompatible wastes stored separately?	yes	yes	yes	yes	yes
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Brian Storkwell</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>
	Printed Name	Brian Storkwell	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak

NOTE: See reverse for Deficiency Response Actions

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SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site:

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 12/12/00 Time: 1213	Date: 12/21/00 Time: 1445	Date: 12/26/00 Time: 1300	Date: 1/5/01 Time: 1709	Date: 1/12/01 Time: 1642
1.	Internal Alarm/Intercom operational?	Yes Airhorn	yes Airhorn	yes Airhorn	Yes	Yes Airhorn
2.	Phone, radio, or other summoning device present and working?	Yes	yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes	Yes
	Water of adequate volume & pressure?	Yes - Portable tanks	yes portable tanks	yes Portable tanks	yes portable Tanks	Yes Portable Tanks
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	yes	yes	Yes	Yes
7.	Other:	None	None	None	None	None
	Inspectors Signature	R. A. Stahl	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak
	Printed Name	Brian Stahl	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site:

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <i>1-19-01</i> Time: <i>14:03</i>	Date: <i>01-25-01</i> Time: <i>11:45</i>	Date: <i>02-01-01</i> Time: <i>10:18</i>	Date: <i>02-05-01</i> Time: <i>16:18</i>	Date: <i>02-15-01</i> Time: <i>16:11</i>
1.	Are all containers closed?	Yes	Yes	Yes	Yes	Yes
2.	Are all containers in good condition?	Yes	Yes	Yes	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	No	No	No
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	Yes	Yes
	Are containers compatible with wastes stored in them?	Yes	Yes	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	<i>MS 1-14-01</i> Yes NA	NA	<i>MS 02-01-01</i> Yes NA	NA	NA
7.	Have any containers been stored for more than 180 days?	No	No	No	No	No
8.	Have any containers been stored for more than 90 days?	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)
9.	Is isle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	Yes	Yes	Yes	Yes	Yes
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>
	Printed Name	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site:

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 1-19-01 Time: 14:03	Date: 01-25-01 Time: 16:45	Date: 02-01-01 Time: 10:48	Date: 02-08-01 Time: 16:18	Date: 02-15-01 Time: 16:11
1.	Internal Alarm/Intercom operational?	Yes Air horn	Yes Air horn	No (Corrected 02-01-01)	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes	Yes
	Water of adequate volume & pressure?	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes	Yes
7.	Other:	NA	NA	NA	NA	NA
	Inspectors Signature	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak
	Printed Name	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak

NOTE: See reverse for Deficiency Response Actions

Deficiency 02-01-01 Inspector: Michael Samelak

- The Air horn used for an internal alarm was not operation at the ^{time of the} weekly inspection. A properly working air horn was taken out to the Waste Storage area at 11:30 on 02-01-01.



SAFETY AND HEALTH FORMS

Copied to Jeff

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP LL#1

Project Site:

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 2-22-01 Time: 15:58	Date: 3-02-01 Time: 10:06	Date: 3-9-01 Time: 14:11	Date: 3/16/01 Time: 1553	Date: 3/22/01 Time: 0805
1.	Are all containers closed?	Yes	Yes	Yes	Yes	Yes
2.	Are all containers in good condition?	Yes	Yes	Yes	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	No	No	No
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	Yes	Yes
5.	Are containers compatible with wastes stored in them?	Yes	Yes	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	NA	NA	NA	NA	NA
7.	Have any containers been stored for more than 180 days?	No	No	No	No	No
8.	Have any containers been stored for more than 90 days?	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)
9.	Is isle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	Yes	Yes	Yes	Yes	Yes
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Mark Dunlavy</i>	<i>James Danova</i>	<i>Michael Samelak</i>
	Printed Name	Michael Samelak	Michael Samelak	Mark Dunlavy	James Danova	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP LL#1

Project Site:

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 2-22-01 Time: 15:58	Date: 3-02-01 Time: 10:06	Date: 3-09-01 Time: 1444	Date: 3/16/01 Time: 1553	Date: 3/22/01 Time: 0805
1.	Internal Alarm/Intercom operational?	Yes	Yes	Yes	yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	yes	Yes
	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	yes	Yes
	Water of adequate volume & pressure?	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable tank)	Yes (Portable tank)	Yes (Portable Tank)
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	yes	Yes
7.	Other:	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Mark Dunlop</i>	<i>James Pirozow</i>	<i>Michael Samelak</i>
	Printed Name	Michael Samelak	Michael Samelak	Mark Dunlop	James Pirozow	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

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SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: LL-1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 3-30-07 Time: 16:50	Date: 4-6-07 Time: 13:29	Date: 4-12-07 Time: 13:41	Date: 4-20-07 Time: 14:25	Date: 4-26-07 Time: 16:38
1.	Are all containers closed?	Yes	Yes	yes	Yes	Yes
2.	Are all containers in good condition?	Yes	Yes	Yes	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	No	No	No
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	Yes	Yes
	Are containers compatible with wastes stored in them?	Yes	Yes	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	N/A	N/A	NA	NA	NA
7.	Have any containers been stored for more than 180 days?	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)
8.	Have any containers been stored for more than 90 days?	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	Yes	Yes	Yes	Yes	Yes
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	N/A	N/A	NA	NA	NA
	Inspectors Signature	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>
	Printed Name	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LL-1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <u>3-30-01</u> Time: <u>16:50</u>	Date: <u>4-6-01</u> Time: <u>13:29</u>	Date: <u>4-12-01</u> Time: <u>13:41</u>	Date: <u>4-20-01</u> Time: <u>14:25</u>	Date: <u>4-26-01</u> Time: <u>16:38</u>
1.	Internal Alarm/Intercom operational?	Yes	Yes	Yes	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes	Yes
	Water of adequate volume & pressure?	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes	Yes
7.	Other:	N/A	N/A	NA	NA	NA
	Inspectors Signature	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>
	Printed Name	Mike Samelak	Michael Samelak	Michael Samelak	Michael Samelak	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

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SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: LL-1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 5-4-01 Time: 1445	Date: 5-10-01 Time: 1155	Date: 5-18-01 Time: 09:38	Date: 5/25/01 Time: 1125	Date: 5-31-01 Time: 13:36
1.	Are all containers closed?	yes	yes	yes	yes	yes
2.	Are all containers in good condition?	yes	yes	yes	yes	yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	No	No	No
4.	Are containers stored/handled in a manner that would prevent spills?	yes	yes	yes	yes	yes
	Are containers compatible with wastes stored in them?	yes	yes	yes	yes	yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	N/A	N/A	N/A	N/A	N/A
7.	Have any containers been stored for more than 180 days?	yes (PCB Drum)	yes (PCB Drum)	yes (PCB Drum)	yes (PCB drum)	yes
8.	Have any containers been stored for more than 90 days?	yes (PCB Drum)	yes (PCB Drum)	yes (PCB Drum)	yes (PCB drum)	yes
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	yes	yes	yes	yes	yes
10.	Are incompatible wastes stored separately?	yes	yes	yes	yes	yes
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	N/A	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>Mark D. Dunlevy</i>	<i>James Panozzo</i>	<i>Michael Samelak</i>	<i>James Panozzo</i>	<i>Michael Samelak</i>
	Printed Name	Mark D. Dunlevy	James Panozzo	Michael Samelak	James Panozzo	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LC-1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 5-4-01 Time: 1445	Date: 5-10-01 Time: 1155	Date: 5-18-01 Time: 09:38	Date: 5/25/01 Time: 11 25	Date: 5-31-01 Time: 1:3:36
1.	Internal Alarm/Intercom operational?	yes	yes	yes	yes	yes
2.	Phone, radio, or other summoning device present and working?	yes	yes	yes	yes	yes
3.	Fire extinguishers/other fire protection equip. in order?	yes	yes	yes	yes	yes
4.	Spill/Decon equipment fully stocked?	yes	yes	yes	yes	yes
	Water of adequate volume & pressure?	yes (Portable Tank)	yes (Portable tank)	yes (Portable Tank)	yes (Portable tank)	yes (Portable Tank)
6.	ER Equipment consistent with contingency plan and easily accessible?	yes	yes	yes	yes	yes
7.	Other:	N/A	N/A	N/A	N/A	NA
	Inspectors Signature	<i>Mark D. Dunley</i>	<i>James Panozzo</i>	<i>Michael Samelak</i>	<i>James Panozzo</i>	<i>Michael Samelak</i>
	Printed Name	Mark D. Dunley	James Panozzo	Michael Samelak	James Panozzo	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: *LL-1 Waste Storage*

Project Site:

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <i>6-8-01</i> Time: <i>13:41</i>	Date: <i>6-15-01</i> Time: <i>14:59</i>	Date: <i>6-22-01</i> Time: <i>1046</i>	Date: <i>6-29-01</i> Time: <i>1530</i>	Date: <i>7-6-01</i> Time: <i>16:50</i>
1.	Are all containers closed?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
2.	Are all containers in good condition?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
4.	Are containers stored/handled in a manner that would prevent spills?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
5.	Are containers compatible with wastes stored in them?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
7.	Have any containers been stored for more than 180 days?	<i>Yes (PCB Drum)</i>	<i>Yes (PCB Drum)</i>	<i>Yes (PCB Drum)</i>	<i>Yes (PCB Drum)</i>	<i>Yes (PCB Drum)</i>
8.	Have any containers been stored for more than 90 days?	<i>Yes (PCB Drum)</i>	<i>Yes (PCB Drum)</i>	<i>Yes (PCB Drum)</i>	<i>Yes (PCB Drum)</i>	<i>Yes (PCB Drum)</i>
9.	Is isle space adequate for passage of emergency equipment and for inspections?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
10.	Are incompatible wastes stored separately?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
	Inspectors Signature	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Mark Dunlevy</i>	<i>Mark Dunlevy</i>	<i>Michael Samelak</i>
	Printed Name	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Mark Dunlevy</i>	<i>Mark Dunlevy</i>	<i>Michael Samelak</i>

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

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WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: *LL-1 Waste Storage*

Project Site:

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <i>6-8-01</i> Time: <i>1:34</i>	Date: <i>6-15-01</i> Time: <i>1459</i>	Date: <i>6-22-01</i> Time: <i>1046</i>	Date: <i>6-29-01</i> Time: <i>1536</i>	Date: <i>7-6-01</i> Time: <i>16:50</i>
1.	Internal Alarm/Intercom operational?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>yes</i>	<i>yes</i>
2.	Phone, radio, or other summoning device present and working?	<i>yes</i>	<i>Yes</i>	<i>yes</i>	<i>yes</i>	<i>Yes</i>
3.	Fire extinguishers/other fire protection equip. in order?	<i>yes</i>	<i>Yes</i>	<i>yes</i>	<i>yes</i>	<i>Yes</i>
4.	Spill/Decon equipment fully stocked?	<i>Yes</i>	<i>Yes</i>	<i>yes</i>	<i>yes</i>	<i>Yes</i>
	Water of adequate volume & pressure?	<i>Yes (Portable Tank)</i>	<i>Yes (Portable Tank)</i>	<i>Yes (Portable Tank)</i>	<i>Yes (Portable Tank)</i>	<i>Yes (Portable Tank)</i>
6.	ER Equipment consistent with contingency plan and easily accessible?	<i>Yes</i>	<i>Yes</i>	<i>yes</i>	<i>yes</i>	<i>Yes</i>
7.	Other:	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
	Inspectors Signature	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Mark Dunlevy</i>	<i>Mark Dunlevy</i>	<i>Michael Samelak</i>
	Printed Name	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Mark Dunlevy</i>	<i>Mark Dunlevy</i>	<i>Michael Samelak</i>

NOTE: See reverse for Deficiency Response Actions



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SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: LL-1

Project No.:

INSTRUCTIONS:

- Inspector to enter "yes" or "no" response for each item.
- Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
- Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 7-13-01 Time: 16:43	Date: 7-20-01 Time: 1605	Date: 7-27-01 Time: 17:54	Date: 8-3-01 Time: 0847	Date: 8-10-01 Time: 16:56
1.	Are all containers closed?	Yes	Yes	Yes	Yes	Yes
2.	Are all containers in good condition?	Yes	Yes	Yes	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	No	No	No
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	Yes	Yes
	Are containers compatible with wastes stored in them?	Yes	Yes	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	N/A	N/A	N/A	N/A	N/A
7.	Have any containers been stored for more than 180 days?	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)
8.	Have any containers been stored for more than 90 days?	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)	Yes (PCB Drum)
9.	Is isle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	Yes	Yes	Yes	Yes	Yes
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	N/A	N/A	N/A	N/A	N/A
	Inspectors Signature	Michael Bgl	Mark Dunbar	Michael Bgl	Michael Bgl	Michael Bgl
	Printed Name	Michael Samelak	Mark Dunbar	Michael Samelak	Michael Samelak	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LL-1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <u>7-13-01</u> Time: <u>16:43</u>	Date: <u>7-20-01</u> Time: <u>1605</u>	Date: <u>7-27-01</u> Time: <u>17:34</u>	Date: <u>8-3-01</u> Time: <u>0847</u>	Date: <u>8-10-01</u> Time: <u>16:51</u>
1.	Internal Alarm/Intercom operational?	Yes	Yes	Yes	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes	Yes
	Water of adequate volume & pressure?	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes	Yes
7.	Other:	N/A	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>Michael Samelak</i>	<i>Mark Dunlavy</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>
	Printed Name	Michael Samelak	Mark Dunlavy	Michael Samelak	Michael Samelak	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

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SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: LL-1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 8/17/01 Time: 1022	Date: 8/24/01 Time: 1620	Date: 8/31/01 Time: 1450	Date: 9/7/01 Time: 1405	Date: 9-21-01 Time: 1445
1.	Are all containers closed?	Yes	Yes	Yes	Yes	Yes
2.	Are all containers in good condition?	Yes	Yes	Yes	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	NO	NO	NO	NO	NO
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	Yes	Yes
	Are containers compatible with wastes stored in them?	Yes	Yes	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	NA	N/A	NA	NA	NA
7.	Have any containers been stored for more than 180 days?	Yes (PCB drums)	Yes Non Haz	Yes Non Haz	Yes Non Haz	Yes Non Haz
8.	Have any containers been stored for more than 90 days?	Yes (PCB drums)	Yes Non Haz	Yes Non Haz	Yes Non Haz	Yes Non Haz
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	Yes	Yes	Yes	Yes	Yes
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	N/A	NA	N/A
	Inspectors Signature	<i>Brian Stuckwell</i>	<i>James Panozzo</i>	<i>James Panozzo</i>	<i>James Panozzo</i>	<i>Michael Samelak</i>
	Printed Name	Brian Stuckwell	James Panozzo	James Panozzo	James Panozzo	Michael Samelak

NOTE: See reverse for Deficiency Response Actions

* No inspection on 9-14-01. Arsenal was closed due to Government Stand down.



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LL-1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 8/17/01 Time: 1022	Date: 8/24/01 Time: 1620	Date: 8/31/01 Time: 1450	Date: 9/7/01 Time: 1405	Date: 9-21-01 Time: 1445
1.	Internal Alarm/Intercom operational?	YES	YES	YES	YES	Yes
2.	Phone, radio, or other summoning device present and working?	YES	YES	YES	YES	Yes
3.	Fire extinguishers/other fire protection equip. in order?	YES	YES	YES	YES	Yes
4.	Spill/Decon equipment fully stocked?	YES	YES	YES	YES	Yes
	Water of adequate volume & pressure?	YES (Portable tank)	YES (Portable tank)	YES (Portable tank)	YES (Portable tank)	YES (Portable Tank)
6.	ER Equipment consistent with contingency plan and easily accessible?	YES	YES	YES	YES	Yes
7.	Other:	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Brian Stockwell</i>	<i>James Panovro</i>	<i>James Panovro</i>	<i>James Panovro</i>	<i>Michael Samelak</i>
	Printed Name	Brian Stockwell	James Panovro	James Panovro	James Panovro	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: HL-1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 9/29/01 Time: 1428	Date: 10/5/01 Time: 1100	Date: 10/12/01 Time: 1045	Date: 10/19/01 Time: 1020	Date: 10/26/01 Time: 0913
1.	Are all containers closed?	YES	YES	YES	YES	Yes
2.	Are all containers in good condition?	YES	YES	YES	YES	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	NO	NO	NO	NO	NO
4.	Are containers stored/handled in a manner that would prevent spills?	YES	YES	YES	YES	Yes
5.	Are containers compatible with wastes stored in them?	YES	YES	YES	YES	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	NO - only non-haz in storage	NO Non-Haz only	NO Non-Haz only	NO Non-HAZ ONLY	NO Non-Haz Only
7.	Have any containers been stored for more than 180 days?	YES Non-HAZ	YES Non-HAZ	YES Non-HAZ	YES NON-HAZ	YES Non-Haz
8.	Have any containers been stored for more than 90 days?	YES Non-HAZ	YES Non-HAZ	YES Non-HAZ	YES NON-HAZ	YES Non-HAZ
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	YES	YES	YES	YES	Yes
10.	Are incompatible wastes stored separately?	NA	NA	NA	NA	NA
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA	NA
	Inspectors Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
	Printed Name	Brian Stetler II	James Romano	James Romano	STEPHEN KING	Michael Simelok

NOTE: See reverse for Deficiency Response Actions



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SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LL-1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 9/28/01 Time: 1428	Date: 10/5/01 Time: 1100	Date: 10/12/01 Time: 1030	Date: 10/19/01 Time: 1020	Date: 10/26/01 Time: 0913
1.	Internal Alarm/Intercom operational?	NO - No panel to Bldg. YES GAS	NO, Air horn	NO, Air Horn	NO, AIR HORN	Air Horn
2.	Phone, radio, or other summoning device present and working?	YES - Nextel	YES	YES	YES	YES
3.	Fire extinguishers/other fire protection equip. in order?	YES	YES	YES	YES	Yes
4.	Spill/Decon equipment fully stocked?	YES	YES	YES	YES	Yes
	Water of adequate volume & pressure?	YES - Portable tank	YES Portable tank	YES Portable tank	YES PORTABLE TANK	YES Portable Tank
6.	ER Equipment consistent with contingency plan and easily accessible?	YES	YES	YES	YES	Yes
7.	Other:	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Brian Stocke</i>	<i>James Panozzo</i>	<i>James Panozzo</i>	<i>Stephen King</i>	<i>Michael Samueloff</i>
	Printed Name	Brian Stocke	JAMES PANOZZO	JAMES PANOZZO	STEPHEN KING	Michael Samueloff

NOTE: See reverse for Deficiency Response Actions

Internal Alarm - Not operational - Bldg is Abandoned w/ no
 Personnel - NO working Personnel - Air Horn is
 Being used for internal Alarm. MS 10-26-01



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Load Line 1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 11/2/01 Time: 1020	Date: 11/9/01 Time: 1442	Date: 11/16/01 Time: 1500	Date: 11/21/01 Time: 1400	Date: 11-28-01 Time: 1343
1.	Are all containers closed?	YES	Yes	YES	Yes	Yes
2.	Are all containers in good condition?	yes	Yes	YES	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	NO	NO	NO	No	No
4.	Are containers stored/handled in a manner that would prevent spills?	yes	Yes	YES	Yes	Yes
	Are containers compatible with wastes stored in them?	yes	Yes	YES	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	NO Non-Haz	NO Non-Haz	NO Non-Haz	No Non-Haz	No Non-Haz
7.	Have any containers been stored for more than 180 days?	yes Non-Haz	Yes Non-Haz	YES Non-Haz	Yes Non-Haz	Yes Non-Haz
8.	Have any containers been stored for more than 90 days?	yes Non-Haz	Yes Non-Haz	YES Non-Haz	Yes Non-Haz	Yes Non-Haz
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	yes	Yes	YES	yes	Yes
10.	Are incompatible wastes stored separately?	NA	NA	NA	NA	NA
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA	NA
	Inspectors Signature	<i>James Panozzo</i>	<i>Michael Samelak</i>	<i>James Panozzo</i>	<i>Mark Dujak</i>	<i>Michael Samelak</i>
	Printed Name	James Panozzo	Michael Samelak	James Panozzo	Mark Dujak	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: Loop Line #1 Waste Storage Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 11/2/01 Time: 1020	Date: 11/9/01 Time: 1442	Date: 11/16/01 Time: 1500	Date: 11/21/01 Time: 1400	Date: 11-28-01 Time: 1343
1.	Internal Alarm/Intercom operational?	YES	Yes	yes	YES	Yes
2.	Phone, radio, or other summoning device present and working?	YES	Yes	YES	YES	Yes
3.	Fire extinguishers/other fire protection equip. in order?	YES	Yes	YES	YES	Yes
4.	Spill/Decon equipment fully stocked?	YES	Yes	YES	YES	Yes
	Water of adequate volume & pressure?	yes Portable tank	Yes Portable Tank	YES portable tank	YES Portable tank	Yes Portable Tank
6.	ER Equipment consistent with contingency plan and easily accessible?	YES	Yes	YES	YES	Yes
7.	Other:	N/A	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>James Panozzo</i>	<i>Michael Samuelak</i>	<i>James Panozzo</i>	<i>Mark Denkey</i>	<i>Michael Samuelak</i>
	Printed Name	James Panozzo	Michael Samuelak	James Panozzo	Mark Denkey	Michael Samuelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: LL-1 Waste Storage Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 12-5-01 Time: 16:02	Date: 12-12-01 Time: 1000	Date: 12-19-01 Time: 1415	Date: 12-20-01 Time: 1115	Date: 01/02/02 Time: 1624
1.	Are all containers closed?	Yes	Yes	Yes	Yes	Yes
2.	Are all containers in good condition?	Yes	Yes	Yes	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	No	No	No
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	Yes	Yes
	Are containers compatible with wastes stored in them?	Yes	Yes	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	NA	Yes	Yes	Yes	Yes
7.	Have any containers been stored for more than 180 days?	Yes Non-haz	No	No	No	No
8.	Have any containers been stored for more than 90 days?	Yes Non-haz	No	No	No	No
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	NA	NA	NA	NA	NA
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Michael Samuelak</i>	<i>Michael Samuelak</i>	<i>Mark Dunlevy</i>	<i>Mark Dunlevy</i>	<i>Michael Samuelak</i>
	Printed Name	Michael Samuelak	Michael Samuelak	Mark Dunlevy	Mark Dunlevy	Michael Samuelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LL - 1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 12-5-01 Time: 16:02	Date: 12-12-01 Time: 1000	Date: 12-19-01 Time: 1415	Date: 12-26-01 Time: 1115	Date: 01/02/02 Time: 16:24
1.	Internal Alarm/Intercom operational?	Yes	Yes	Yes	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes	Yes
	Water of adequate volume & pressure?	Yes Portable Tank	Yes Portable Tank	Yes Portable Tank	Yes Portable Tank	Yes
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes	Yes
7.	Other:	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>M.O. Dunley</i>	<i>M.O. Dunley</i>	<i>Michael Samelak</i>
	Printed Name	Michael Samelak	Michael Samelak	Mark Dunley	Mark Dunley	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: LL - 1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <u>1-4-02</u> Time: <u>1510</u>	Date: <u>1-11-02</u> Time: <u>1130</u>	Date: <u>1-18-02</u> Time: <u>15:35</u>	Date: <u>1-25-02</u> Time: <u>11:30</u>	Date: <u>2-1-02</u> Time: <u>1440</u>
1.	Are all containers closed?	Yes	Yes	Yes	Yes	Yes
2.	Are all containers in good condition?	Yes	Yes	Yes	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	No	No	No
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	Yes	Yes
	Are containers compatible with wastes stored in them?	Yes	Yes	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	Yes	Yes	Yes	Yes	Yes
7.	Have any containers been stored for more than 180 days?	No	No	No	No	No
8.	Have any containers been stored for more than 90 days?	No	No	No	No	No
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	NA	NA	NA	NA	NA
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Michael Samelak</i>	<i>James Panozzo</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Mark Dinkley</i>
	Printed Name	Michael Samelak	James Panozzo	Michael Samelak	Michael Samelak	Mark Dinkley

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LL-1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <u>1-4-02</u> Time: <u>1510</u>	Date: <u>1-11-02</u> Time: <u>1130</u>	Date: <u>1-18-02</u> Time: <u>15:35</u>	Date: <u>1-25-02</u> Time: <u>11:30</u>	Date: <u>2-1-02</u> Time: <u>1440</u>
1.	Internal Alarm/Intercom operational?	Yes	Yes	Yes	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes	Yes
	Water of adequate volume & pressure?	Yes Portable Tank	Yes Portable Tank	Yes Portable Tank	Yes Portable Tank	Yes Portable Tank
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes	Yes
7.	Other:	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Michael Samelak</i>	<i>James Panozzo</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Mert Dooling</i>
	Printed Name	Michael Samelak	James Panozzo	Michael Samelak	Michael Samelak	Mert Dooling

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: LL-1 Waste Storage

Project No.:

INSTRUCTIONS:

- Inspector to enter "yes" or "no" response for each item.
- Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
- Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 2-8-02 Time: 14:45	Date: 2-15-02 Time: 13:50	Date: 2/22/02 Time: 13:30	Date: 3/1/02 Time: 1020	Date: 3-8-02 Time: 16:09
1.	Are all containers closed?	Yes	Yes	Yes	Yes	Yes
2.	Are all containers in good condition?	Yes	Yes	Yes	Yes	-Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	NO	No	NO
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	Yes	Yes
	Are containers compatible with wastes stored in them?	Yes	Yes	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	Yes	NA	NA	NA	NA
7.	Have any containers been stored for more than 180 days?	No	No	NO	No	No
8.	Have any containers been stored for more than 90 days?	No	Yes Non-Haz	Yes Non-Haz	Yes Non-Haz	Yes Non-Haz
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	NA	NA	NA	NA	NA
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Michael Samuelak</i>	<i>Michael Samuelak</i>	<i>James Panow</i>	<i>Mark Doolery</i>	<i>Michael Samuelak</i>
	Printed Name	Michael Samuelak	Michael Samuelak	James Panow	Mark Doolery	Michael Samuelak

NOTE: See reverse for Deficiency Response Actions

* Additional information on back

2-8-01

Drums in Storage

Hazardous: 1 Drum Lead contaminated sediment from LH-11

Non-Hazardous: 1 Drum soil cuttings from Central Burn Pits

2-11-01

Shipped 1 Drum of Lead contaminated sediment

2-15-01 Drums in Storage

Hazardous: None

Non-Hazardous: 1 Drum soil cuttings from Central Burn Pits

~~can~~ storage area containment liner in good condition,
no holes or tears

2/22/02 Drums in Storage:

Hazardous - None

Non-Hazardous - 1 drum soil cuttings from Central Burn Pits

Liner in good condition, no holes or tears present

3/1/02 Drums in Storage:

Hazardous - None

Non-Hazardous - 1 drum soil cuttings from Central Burn pits

Liner in good condition, no holes or tears

3/8/02 Drums in Storage:

Hazardous - None

Non-Hazardous - 1 drum soil cuttings from Central Burn Pits

Liner in good condition, no holes or tears



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SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LL-1 Waste Storage

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 2-8-02 Time: 14:45	Date: 2-15-01 Time: 13:50	Date: 2/22/02 Time: 13:30	Date: 3/1/02 Time: 10:20	Date: 3-8-02 Time: 16:09
1.	Internal Alarm/Intercom operational?	Yes	Yes	Yes	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes	Yes
	Water of adequate volume & pressure?	Yes Portable Tank	Yes Portable Tank	Yes Portable tank	Yes Portable Tank	Yes Portable Tank
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes	Yes
7.	Other:	NA	NA	NA	NA	NA
	Inspectors Signature	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>James Panuzo</i>	<i>Mark Dunlevy</i>	<i>Michael Samelak</i>
	Printed Name	Michael Samelak	Michael Samelak	James Panuzo	Mark Dunlevy	Michael Samelak

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: LL#1

Project No.:

INSTRUCTIONS:

- Inspector to enter "yes" or "no" response for each item.
- Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
- Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <u>3-15-02</u> Time: <u>1545</u>	Date: <u>3-22-02</u> Time: <u>1122</u>	Date: <u>3-29-02</u> Time: <u>1540</u>	Date: <u>4-5-02</u> Time: <u>16:34</u>	Date: <u>4/12/02</u> Time: <u>1445</u>
1.	Are all containers closed?	Yes	Yes	Yes	Yes	Yes
2.	Are all containers in good condition?	Yes	Yes	Yes	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	No	No	No
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	Yes	Yes
	Are containers compatible with wastes stored in them?	Yes	Yes	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	NA	NA	NA	NA	NA
7.	Have any containers been stored for more than 180 days?	Yes Non-Haz				
8.	Have any containers been stored for more than 90 days?	Yes Non-Haz				
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	NA	NA	NA	NA	NA
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA	NA
	Inspectors Signature	<i>James Panozzo</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>James Panozzo</i>
	Printed Name	James Panozzo	Michael Samelak	Michael Samelak	Michael Samelak	James Panozzo

NOTE: See reverse for Deficiency Response Actions

3-15-02 Liner in good condition no evidence of rips, tears or holes

Hazardous Drums - None

Non-Hazardous Drums - 1 drum soil cuttings from Central Burn Pits

3-22-02 Liner in good condition. No rips or holes

Hazardous containers - None

Non-Hazardous Containers - 1 drum soil cuttings

1 drum development Water arrived 3-22-02

3-29-02 Liner in good condition. No rips or holes

Hazardous Containers - None

Non-Hazardous Containers - 1 drum of soil cuttings

1 drum of development water

4-5-02 Liner in good condition. No rips or holes.

Hazardous containers - None

Non-Hazardous Containers - 1 drum of soil cuttings

- 1 drum of development water

4/12/02 Liner in good condition - no rips or holes

Hazardous containers - None

Non-Hazardous containers - 1 drum soil cuttings

1 drum of development water



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: LL#1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <u>3-15-02</u> Time: <u>1545</u>	Date: <u>3-22-02</u> Time: <u>11:22</u>	Date: <u>3-29-02</u> Time: <u>1540</u>	Date: <u>4-5-02</u> Time: <u>16:34</u>	Date: <u>4/12/02</u> Time: <u>1445</u>
1.	Internal Alarm/Intercom operational?	YES	Yes	Yes	Yes	yes
2.	Phone, radio, or other summoning device present and working?	YES	Yes	Yes	Yes	yes
3.	Fire extinguishers/other fire protection equip. in order?	YES	Yes	Yes	Yes	yes
4.	Spill/Decon equipment fully stocked?	YES	Yes	Yes	Yes	yes
	Water of adequate volume & pressure?	yes portable tank	Yes portable Tank	Yes portable Tank	Yes portable Tank	yes portable tank
6.	ER Equipment consistent with contingency plan and easily accessible?	YES	Yes	Yes	Yes	yes
7.	Other:	NA	NA	NA	NA	NA
	Inspectors Signature	<i>James Panozzo</i>	<i>Michael Samuelak</i>	<i>Michael Samuelak</i>	<i>Michael Samuelak</i>	<i>James Panozzo</i>
	Printed Name	James Panozzo	Michael Samuelak	Michael Samuelak	Michael Samuelak	James Panozzo

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

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SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 4/19/02 Time: 1400	Date: 4/26/02 Time: 1515	Date: 5/3/02 Time: 1330	Date: 5/13/02 Time: 1100
1.	Are all containers closed?	yes	yes	yes	yes
2.	Are all containers in good condition?	yes	yes	yes	yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	NO	NO	NO	NO
4.	Are containers stored/handled in a manner that would prevent spills?	yes	yes	yes	yes
5.	Are containers compatible with wastes stored in them?	yes	yes	yes	yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	NO Non-Haz	NO Non-Haz	NO Non-Haz	NO Non-Haz
7.	Have any containers been stored for more than 180 days?	yes (Non-Haz)	yes (Non-Haz)	yes (Non-Haz)	yes (Non-Haz)
8.	Have any containers been stored for more than 90 days?	yes (Non-Haz)	yes (Non-Haz)	yes (Non-Haz)	yes (Non-Haz)
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	yes	yes	yes	yes
10.	Are incompatible wastes stored separately?	NA	NA	NA	NA
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	NA	NA	NA
	Inspector's Signature	<i>James Panizzo</i>	<i>James Panizzo</i>	<i>James Panizzo</i>	<i>James Panizzo</i>
	Printed Name	James Panizzo	James Panizzo	James Panizzo	James Panizzo

NOTE: See reverse for additional information.



SAFETY AND HEALTH FORMS

Date: 4/19/02

Amount & Type of Hazardous Containers: NA

Amount & Type of Non-hazardous Containers: 2 - Non Haz (1 soil cuttings (CBP) & 1 decon water (CBP))

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: NA

Date: 4/26/02

Amount & Type of Hazardous Containers: NA

Amount & Type of Non-hazardous Containers: 2 - Non Haz (1 soil cuttings & 1 decon water)

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: NA

Date: 5/3/02

Amount & Type of Hazardous Containers: NA

Amount & Type of Non-hazardous Containers: 2 - Non Haz (1 soil cuttings & 1 decon water CBP)

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: NA

Date: 5/13/02

Amount & Type of Hazardous Containers: NA

Amount & Type of Non-hazardous Containers: 2 Non Haz (1 soil cuttings & 1 decon water CBP)

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: NA



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 4/19/02 Time: 1400	Date: 4/26/02 Time: 1515	Date: 5/3/02 Time: 1330	Date: 5/13/02 Time: 1100
1.	Internal Alarm/Intercom operational?	yes	yes	yes	yes
2.	Phone, radio, or other summoning device present and working?	yes	yes	yes	yes
3.	Fire extinguishers/other fire protection equip. in order?	yes	yes	yes	yes
4.	Spill/Decon equipment fully stocked?	yes	yes	yes	yes
5.	Water of adequate volume & pressure?	yes portable tank	yes portable tank	yes portable tank	yes portable tank
6.	ER Equipment consistent with contingency plan and easily accessible?	yes	yes	yes	yes
7.	Other:	NA	NA	NA	NA
	Inspectors Signature	<i>James Panozzo</i>	<i>James Panozzo</i>	<i>James Panozzo</i>	<i>James Panozzo</i>
	Printed Name	James Panozzo	James Panozzo	James Panozzo	James Panozzo

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

- Inspector to enter "yes" or "no" response for each item.
- Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
- Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <u>5/20/02</u> Time: <u>11:40</u>	Date: <u>5-24-02</u> Time: <u>15:00</u>	Date: <u>5-31-02</u> Time: <u>14:00</u>	Date: <u>6-7-02</u> Time: <u>12:45</u>
1.	Are all containers closed?	YES	Yes	Yes	Yes
2.	Are all containers in good condition?	YES	Yes	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	NO	No	No	NO
4.	Are containers stored/handled in a manner that would prevent spills?	YES	Yes	Yes	Yes
5.	Are containers compatible with wastes stored in them?	YES	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	NO ALL Non-Haz	N/A	N/A	N/A
7.	Have any containers been stored for more than 180 days?	YES (Non Haz)	Yes (Non Haz)	Yes (Non Haz)	Yes (Non Haz)
8.	Have any containers been stored for more than 90 days?	YES (Non Haz)	Yes (Non Haz)	Yes (Non Haz)	Yes (Non Haz)
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	YES	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	NA	N/A	N/A	NA
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	NA	N/A	N/A	NA
	Inspectors Signature	<i>James Anozzo</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Low Kouavit</i>
	Printed Name	James Anozzo	Michael Samelak	Michael Samelak	Low Kouavit

NOTE: See reverse for additional information.



SAFETY AND HEALTH FORMS

Date: 5/20/02

Amount & Type of Hazardous Containers: 2 Non-Haz ^{TPP} NA

Amount & Type of Non-hazardous Containers: 2 Non-Haz

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:

Date: 5/24/02

Amount & Type of Hazardous Containers: NA

Amount & Type of Non-hazardous Containers: 2 Non-Haz (1 Soil, 1 Water)

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:

Date: 5/31/02

Amount & Type of Hazardous Containers: NA

Amount & Type of Non-hazardous Containers: 2 Non-Haz 55DM (+soil, 1 water)

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:

Date: 6-7-02

Amount & Type of Hazardous Containers: NA

Amount & Type of Non-hazardous Containers: 2 NON HAZ 55DM (+soil & water)

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <u>5/22/02</u> Time: <u>1140</u>	Date: <u>5/24/02</u> Time: <u>1500</u>	Date: <u>5/31/02</u> Time: <u>14:00</u>	Date: <u>6-7-02</u> Time: <u>12:45</u>
1.	Internal Alarm/Intercom operational?	YES	Yes	Yes	YES
2.	Phone, radio, or other summoning device present and working?	YES	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	YES	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	YES	Yes	Yes	Yes
5.	Water of adequate volume & pressure?	YES	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)
6.	ER Equipment consistent with contingency plan and easily accessible?	YES	Yes	Yes	Yes
7.	Other:	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>James Panoro</i>	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>Lew Kouanku</i>
	Printed Name	James Panoro	Michael Samelak	Michael Samelak	Lew Kouanku

NOTE: See reverse for Deficiency Response Actions

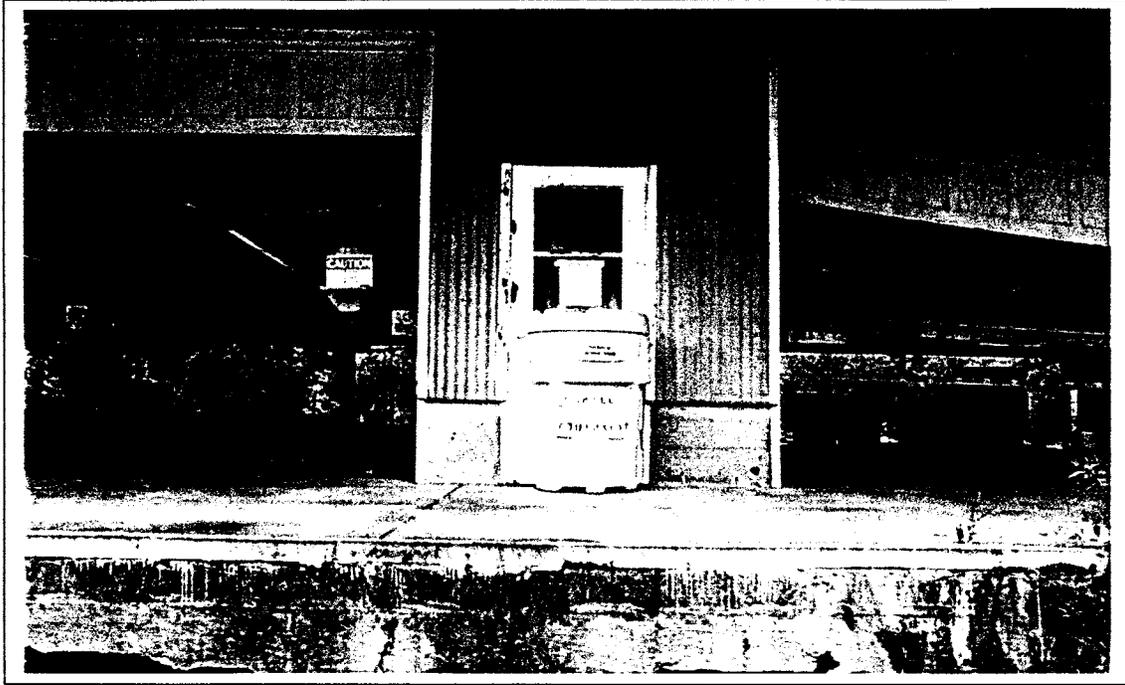


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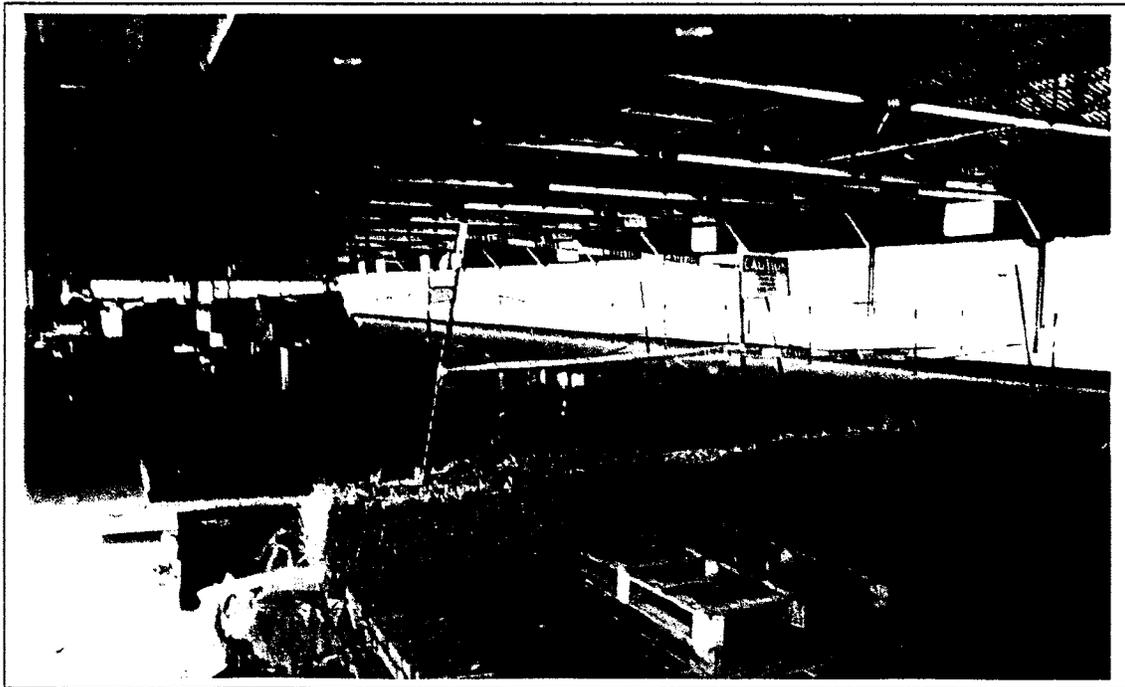
**RAVENNA ARMY AMMUNITION PLANT – < 90 DAY HAZARDOUS WASTE STORAGE
PHOTOGRAPHIC LOG – 20 May 2002**

CONTRACT NUMBER: DAAA09-98-G-0001

LOCATION: LOAD LINE 1 Bldg.CB-13b



Front View of < 90 Day Storage Area



Storage Area Containment – No leaks, holes or tears

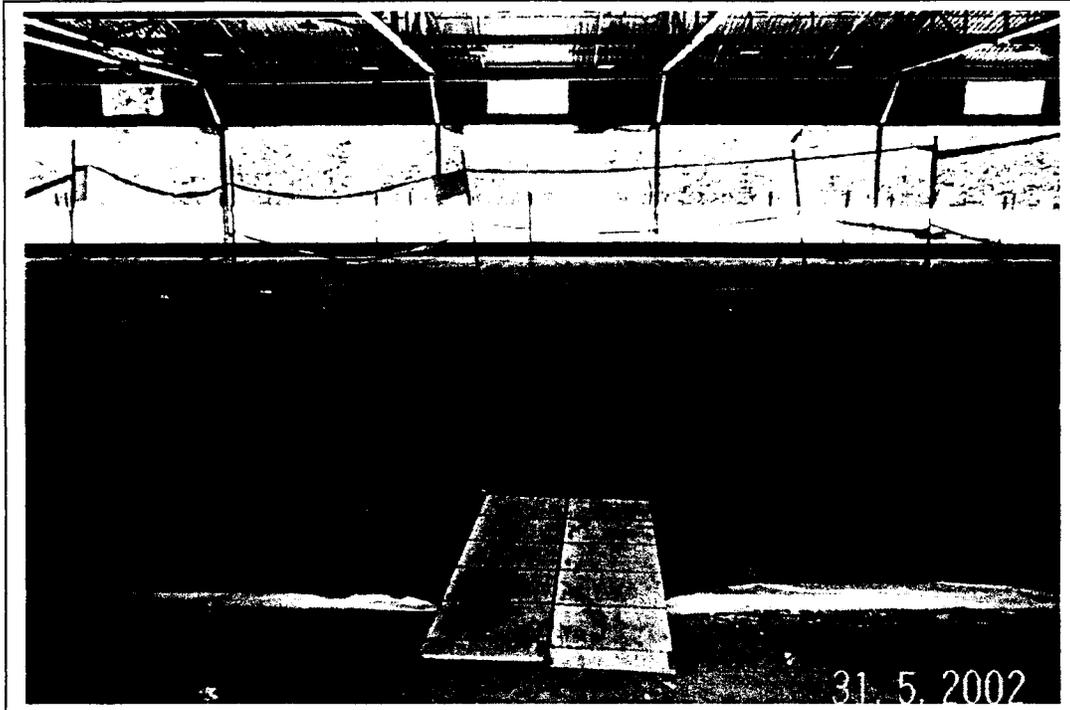


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**RAVENNA ARMY AMMUNITION PLANT – < 90 DAY HAZARDOUS WASTE STORAGE
PHOTOGRAPHIC LOG – 31 May 2002**

CONTRACT NUMBER: DAAA09-98-G-0001

LOCATION: LOAD LINE 1 Bldg. CB-13b



Front View of < 90 Day Storage Area



Storage Area Sign & Spill Kit



Copied to Mark R

SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 6/14/02 Time: 15:30	Date: 6/24/02 Time: 13:35	Date: 6/21/02 Time: 1515	Date: 7/5/02 Time: 11:00
1.	Are all containers closed?	Yes	Yes	yes	yes
2.	Are all containers in good condition?	yes	Yes	yes	yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	no	No
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	yes	Yes
5.	Are containers compatible with wastes stored in them?	Yes	Yes	yes	yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	N/A	N/A	N/A	N/A
7.	Have any containers been stored for more than 180 days?	Yes (Non-Haz)	Yes (Non-Haz)	yes (Non-Haz)	Yes (Non-Haz)
8.	Have any containers been stored for more than 90 days?	Yes (Non-Haz)	Yes (Non-Haz)	yes (Non-Haz)	Yes (Non-Haz)
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	yes	Yes
10.	Are incompatible wastes stored separately?	N/A	N/A	N/A	N/A
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>Michael Samuelak</i>	<i>Michael Samuelak</i>	<i>James Panozzo</i>	<i>Mark Dunlevy</i>
	Printed Name	Michael Samuelak	Michael Samuelak	James Panozzo	Mark Dunlevy

NOTE: See reverse for additional information.



SAFETY AND HEALTH FORMS

Date: 6/14/02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1 soil 55DM, 1 Water 55DM

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:

Date: 6/24/02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1 soil 55DM, 1 Water 55DM

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:

Date: 6/29/02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1 soil 55drum / 1 water 55drum

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:

Date: 7/5/02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1 soil 55drum / 1 Water 55drum

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 6/14/02 Time: 15:30	Date: 6/24/02 Time: 15:35	Date: 6/29/02 Time: 1515	Date: 7/5/02 Time: 1100
1.	Internal Alarm/Intercom operational?	Yes	Yes	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes
5.	Water of adequate volume & pressure?	Yes (Portable Tank)	Yes (Portable Tank)	Yes (portable tank)	Yes (Portable Tank)
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes
7.	Other:	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>Michael Samelak</i>	<i>Michael Samelak</i>	<i>James Panozzo</i>	<i>Mark Dunlavy</i>
	Printed Name	Michael Samelak	Michael Samelak	James Panozzo	Mark Dunlavy

NOTE: See reverse for Deficiency Response Actions



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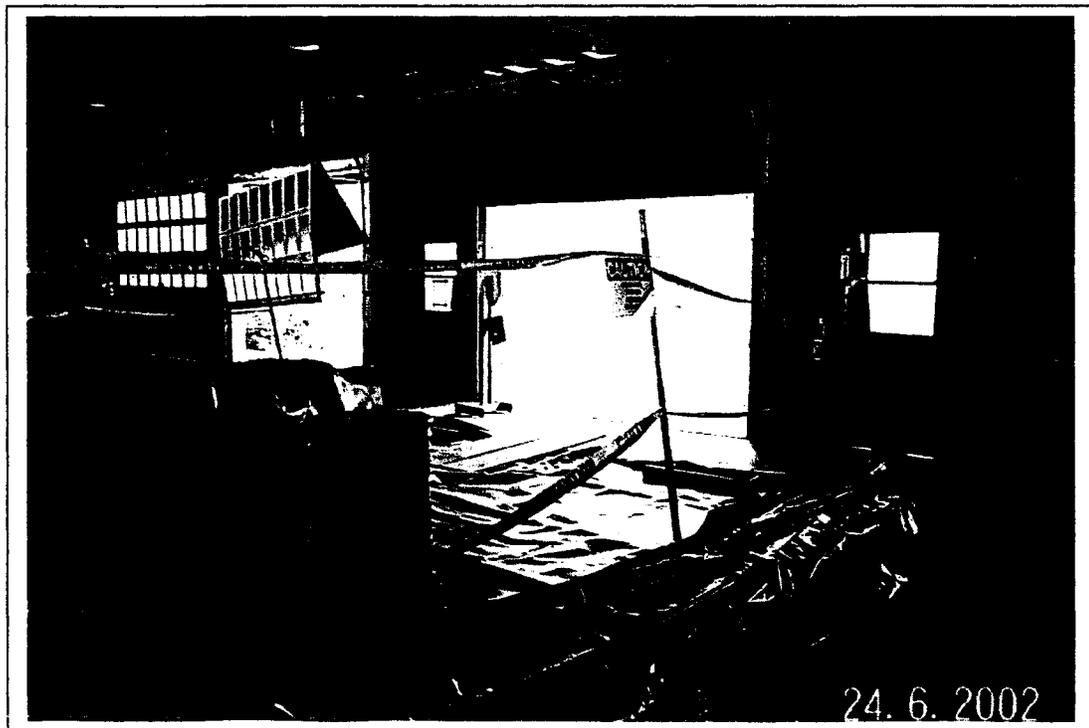
RAVENNA ARMY AMMUNITION PLANT - < 90 DAY HAZARDOUS WASTE STORAGE
PHOTOGRAPHIC LOG - 24 June 2002

CONTRACT NUMBER: DAAA09-98-G-0001

LOCATION: LOAD LINE 1 Bldg. CB-13b



Front View of < 90 Day Storage Area



Rear view of < 90 Day Storage Area



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 7-12-02 Time: 1450	Date: 7-19-02 Time: 1432	Date: 7/26/02 Time: 1430	Date: 8/2/02 Time: 14:00
1.	Are all containers closed?	Yes	Yes	Yes	Yes
2.	Are all containers in good condition?	Yes	Yes	Yes	Yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	No	No
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	Yes
5.	Are containers compatible with wastes stored in them?	Yes	Yes	Yes	Yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	N/A	N/A	N/A	N/A
7.	Have any containers been stored for more than 180 days?	Yes (Non-Haz)	Yes (Non-Haz)	Yes (Non-Haz)	Yes (Non-Haz)
8.	Have any containers been stored for more than 90 days?	Yes (Non-Haz)	Yes (Non-Haz)	Yes (Non-Haz)	Yes (Non-Haz)
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	Yes
10.	Are incompatible wastes stored separately?	N/A	N/A	N/A	N/A
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>Michael Samelak</i>	<i>Mark Dunley</i>	<i>James Panosow</i>	<i>Michael Samelak</i>
	Printed Name	Michael Samelak	Mark Dunley	James Panosow	Michael Samelak

NOTE: See reverse for additional information.



SAFETY AND HEALTH FORMS

Date: 7-12-02

Amount & Type of Hazardous Containers: None

Amount & Type of Non-hazardous Containers: 1x55DM Soil 1x55DM Water

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:

New Caution tape needs to be put up around ^{storage} area.

Date: 7-19-02

Amount & Type of Hazardous Containers: None

Amount & Type of Non-hazardous Containers: 1x55DM Soil 1x55DM Water

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:

Date: 7/26/02

Amount & Type of Hazardous Containers: None

Amount & Type of Non-hazardous Containers: 1-55 G DM Soil 1-55 G DM Water

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:

Date: 8-2-02

Amount & Type of Hazardous Containers: None

Amount & Type of Non-hazardous Containers: 1x55DM Soil 1x55DM Water

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 7-12-02 Time: 14:50	Date: 7-19-02 Time: 1932	Date: 7/26/02 Time: 1430	Date: 8/2/02 Time: 1400
1.	Internal Alarm/Intercom operational?	Yes	yes	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	yes	yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes
5.	Water of adequate volume & pressure?	Yes (Portable Tank)	Yes (Portable tank)	Yes (Portable tank)	Yes (Portable Tank)
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes
7.	Other:	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>Michael Samelak</i>	<i>Mark Dunlavy</i>	<i>Jagrus Panorzo</i>	<i>Michael Samelak</i>
	Printed Name	Michael Samelak	Mark Dunlavy	Jagrus Panorzo	Michael Samelak

NOTE: See reverse for Deficiency Response Actions

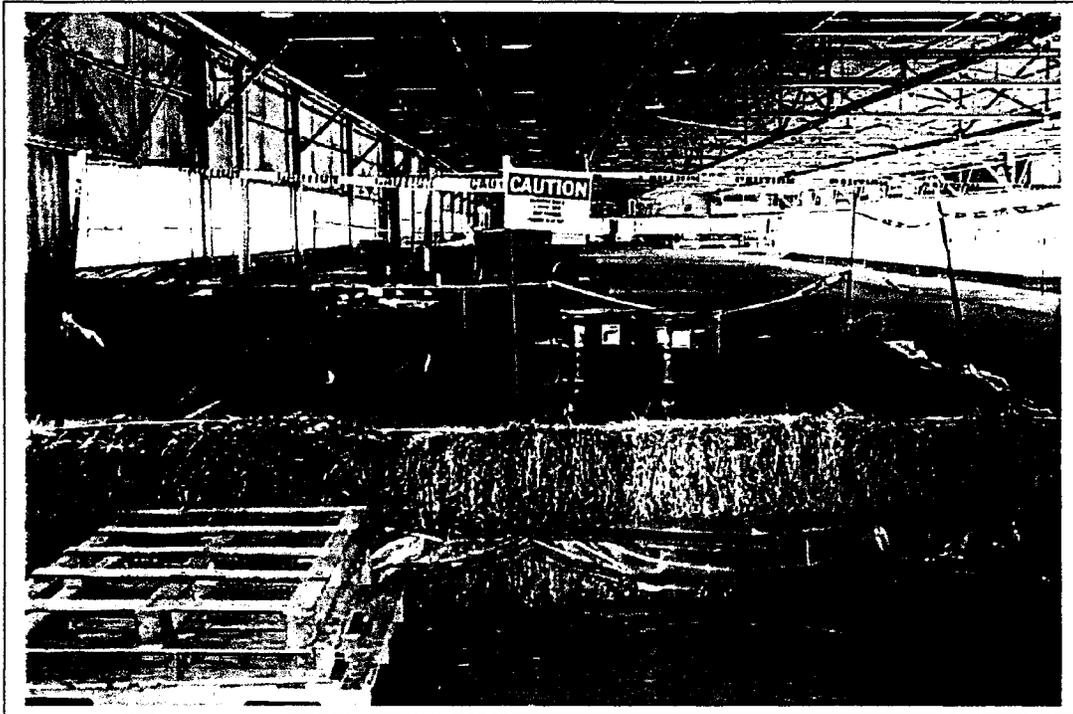


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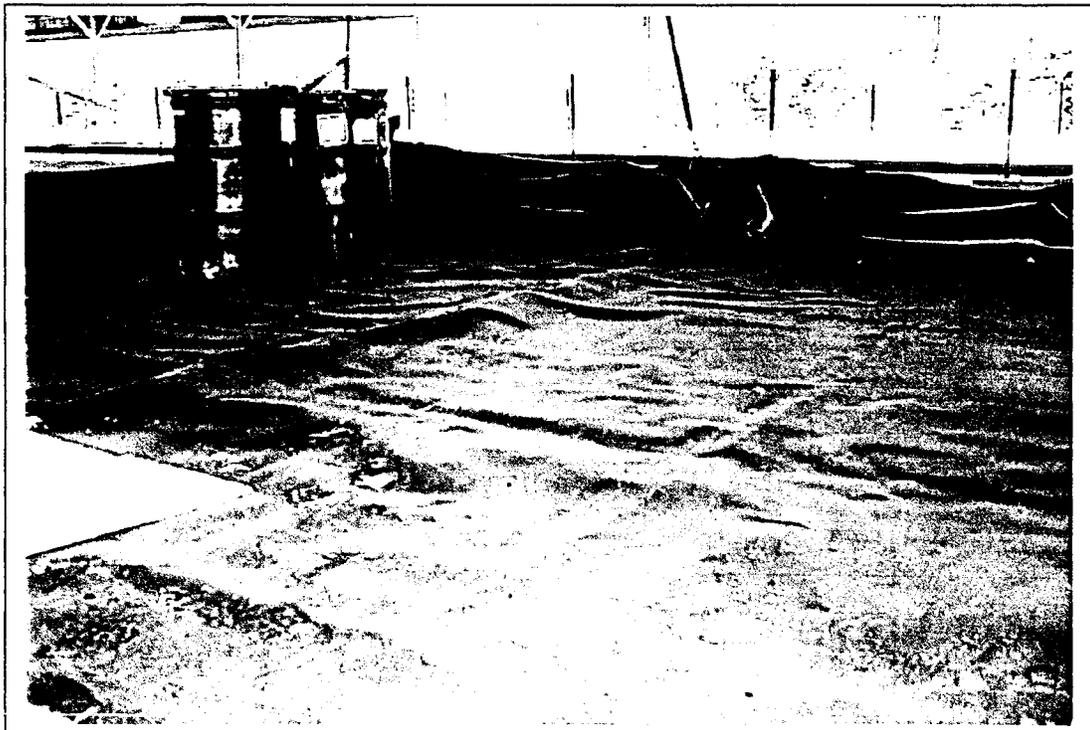
**RAVENNA ARMY AMMUNITION PLANT – < 90 DAY HAZARDOUS WASTE STORAGE
PHOTOGRAPHIC LOG – 12 JUL 2002**

CONTRACT NUMBER: DAAA09-98-G-0001

LOCATION: LOAD LINE 1 Bldg. CB-13b



North Side View of < 90 Day Storage Area



Front View of < 90 Day Storage Area Liner

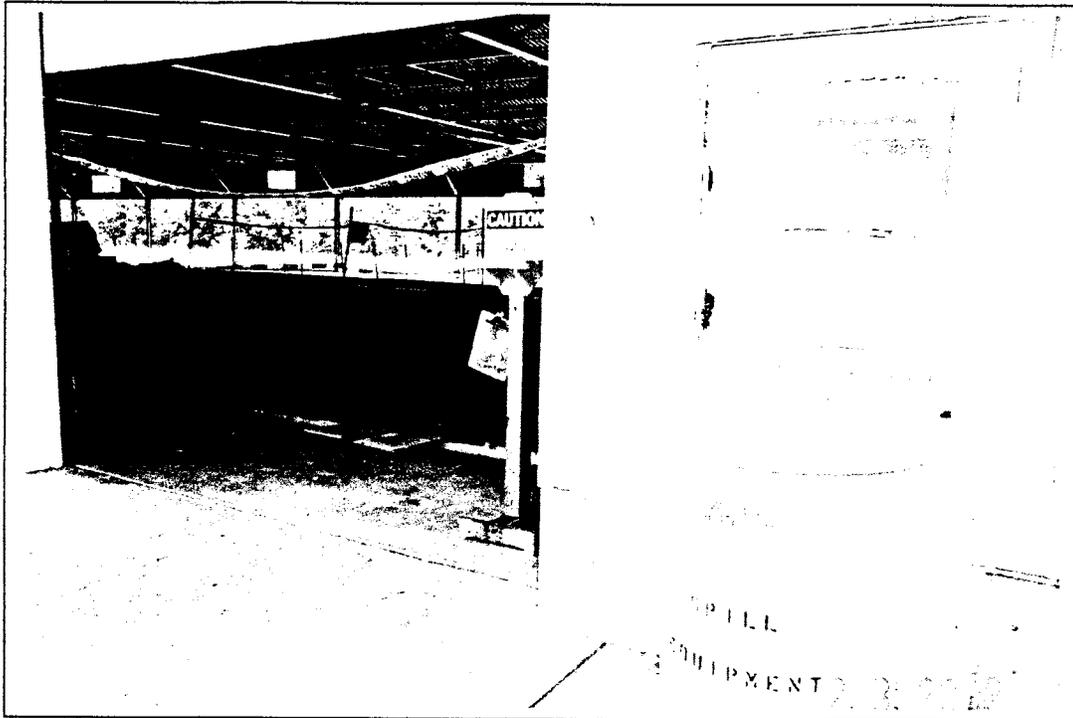


MKM Engineers, Inc.

**RAVENNA ARMY AMMUNITION PLANT - < 90 DAY HAZARDOUS WASTE STORAGE
PHOTOGRAPHIC LOG - 2 AUG 2002**

CONTRACT NUMBER: DAAA09-98-G-0001

LOCATION: LOAD LINE 1 Bldg.CB-13b



Front View of <90 Day Storage Area & Spill Kit



Rear View of <90 Day Storage Area



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.: LL #1

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 9 Aug 02 Time: 1400	Date: 16 Aug 02 Time: 1500	Date: 23 Aug 02 Time: 1615	Date: 8-30-02 Time: 1412
1.	Are all containers closed?	yes	yes	yes	yes
2.	Are all containers in good condition?	yes	yes	yes	yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	NO	NO	No
4.	Are containers stored/handled in a manner that would prevent spills?	yes	yes	yes	yes
5.	Are containers compatible with wastes stored in them?	yes	yes	yes	yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	N/A (Non-Haz)	N/A (Non-Haz)	N/A (Non-Haz)	N/A (Non-Haz)
7.	Have any containers been stored for more than 180 days?	yes Non-Haz	yes (Non-Haz)	yes (Non-Haz)	yes (Non-Haz)
8.	Have any containers been stored for more than 90 days?	yes Non-Haz	yes (Non-Haz)	yes (Non-Haz)	yes (Non-Haz)
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	yes	yes	yes	yes
10.	Are incompatible wastes stored separately?	N/A	N/A	N/A	N/A
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>Mark Dunley</i>	<i>James Panozzo</i>	<i>James Panozzo</i>	<i>Michael Samelak</i>
	Printed Name	Mark Dunley	James Panozzo	James Panozzo	Michael Samelak

NOTE: See reverse for additional information.



SAFETY AND HEALTH FORMS

Date: 8-9-02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1-55gal Drum Water (Development Water); 1-55gal Drum Soil (Cuttings)

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A

Date: 8-16-02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1-55G Drum (Development water) 1-55G Drum (Soil Cuttings)

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A

Date: 8-23-02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1-55G Drum (Development water) 1-55G Drum (Soil Cuttings)

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A

Date: 8-23~~ms~~ 30-02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1-55 DM (Development Water) 1-55 DM (Soil Cuttings)

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.: LL #1

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: <u>09 Aug 02</u> Time: <u>1400</u>	Date: <u>16 Aug 02</u> Time: <u>1500</u>	Date: <u>23 Aug 02</u> Time: <u>1615</u>	Date: <u>8-30-02</u> Time: <u>1412</u>
1.	Internal Alarm/Intercom operational?	Yes	Yes	Yes	Yes
2.	Phone, radio, or other summoning device present and working?	Yes	Yes	Yes	Yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	Yes	Yes	Yes
4.	Spill/Decon equipment fully stocked?	Yes	Yes	Yes	Yes
5.	Water of adequate volume & pressure?	Yes (Portable tank)	Yes (Portable Tank)	Yes (Portable Tank)	Yes (Portable Tank)
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	Yes	Yes	Yes
7.	Other:	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>Mark D. Dunlop</i>	<i>James Panozzo</i>	<i>James Panozzo</i>	<i>Michael Sandak</i>
	Printed Name	Mark D. Dunlop	James Panozzo	James Panozzo	Michael Sandak

NOTE: See reverse for Deficiency Response Actions

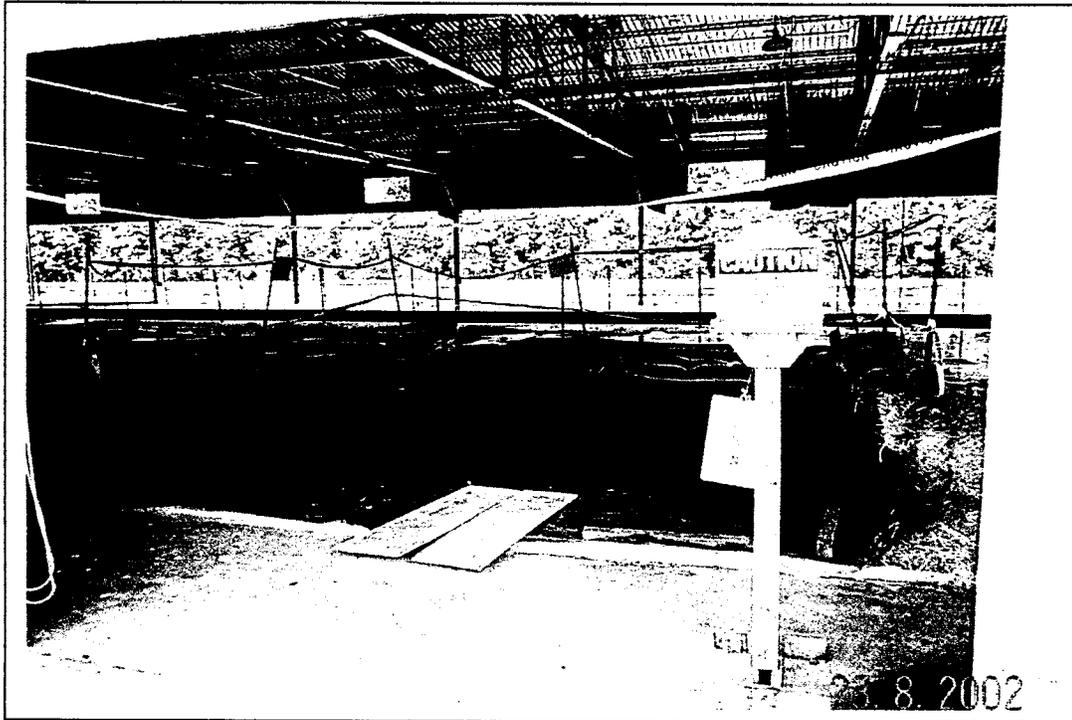


MKM Engineers, Inc.

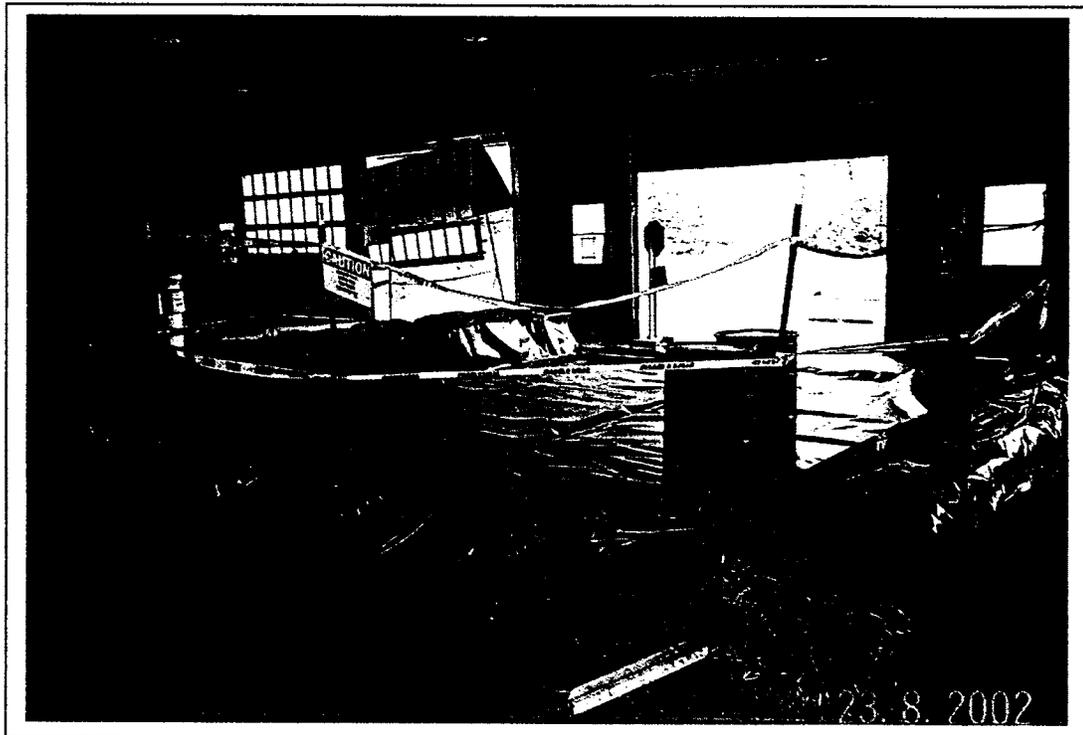
**RAVENNA ARMY AMMUNITION PLANT – < 90 DAY HAZARDOUS WASTE STORAGE
PHOTOGRAPHIC LOG – 23 AUG 2002**

CONTRACT NUMBER: DAAA09-98-G-0001

LOCATION: LOAD LINE 1 Bldg.CB-13b



Front View of <90 Day Storage Area & Spill Kit



Rear View of <90 Day Storage Area



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 7-9-02 Time: 1420	Date: 9-27-02 Time: 0920	Date: 10-4-02 Time: 0950	Date: 10-11-02 Time: 0925
1.	Are all containers closed?	yes	yes	yes	yes
2.	Are all containers in good condition?	yes	yes	yes	yes
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	no	no	no	no
4.	Are containers stored/handled in a manner that would prevent spills?	yes	yes	yes	yes
5.	Are containers compatible with wastes stored in them?	yes	yes	yes	yes
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	n/a	n/a	n/a	n/a
7.	Have any containers been stored for more than 180 days?	yes (NON-HAZ)	yes (NON-HAZ)	yes/NON-HAZ	yes/NON-HAZ
8.	Have any containers been stored for more than 90 days?	yes (NON-HAZ)	yes (NON-HAZ)	yes/NON-HAZ	yes/NON-HAZ
9.	Is isle space adequate for passage of emergency equipment and for inspections?	yes	yes	yes	yes
10.	Are incompatible wastes stored separately?	no	no	no	no
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	n/a	n/a	n/a	n/a
	Inspectors Signature	Lewis A. Kouranik	Lewis A. Kouranik	Lewis A. Kouranik	Lewis A. Kouranik
	Printed Name	Lewis A. Kouranik	Lewis A. Kouranik	Lewis A. Kouranik	Lewis A. Kouranik

NOTE: See reverse for additional information.



SAFETY AND HEALTH FORMS

Date: 9-9-02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1- Soil 55 GAL Drum, 1- WATER 55 GAL Drum

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A

Date: 9-27-02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1- Soil 55 GAL Drum, 1- WATER 55 GAL Drum

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A

Date: 10-4-02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1- Soil 55 GAL Drum, 1- WATER 55 GAL Drum

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A

Date: 10-11-02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1- Soil 55 GAL Drum, 1- WATER 55 GAL Drum

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 9-9-02 Time: 1420	Date: 9-27-02 Time: 0920	Date: 10-4-02 Time: 1050	Date: 10-11-02 Time: 0925
1.	Internal Alarm/Intercom operational?	Yes	yes	yes	yes
2.	Phone, radio, or other summoning device present and working?	Yes	yes	yes	yes
3.	Fire extinguishers/other fire protection equip. in order?	Yes	yes	yes	yes
4.	Spill/Decon equipment fully stocked?	Yes	yes	yes	yes
5.	Water of adequate volume & pressure?	yes (Portable Tank)	yes (PORTABLE TANK)	yes (PORTABLE TANK)	yes (PORTABLE TANK)
6.	ER Equipment consistent with contingency plan and easily accessible?	Yes	yes	yes	yes
7.	Other:	N/A	N/A	N/A	N/A
	Inspectors Signature	<i>Lew Kouark</i>	<i>Lew Kouark</i>	<i>Lew Kouark</i>	<i>Lew Kouark</i>
	Printed Name	Lew Kouark	Lew Kouark	Lew Kouark	Lew Kouark

NOTE: See reverse for Deficiency Response Actions



SAFETY AND HEALTH FORMS

SHF-8. WEEKLY WASTE STORAGE INSPECTION RECORD

Project Location: RVAAP

Project Site: Hazardous Waste Storage @ LL-1

Project No.:

INSTRUCTIONS:

- Inspector to enter "yes" or "no" response for each item.
- Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
- Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 25 Oct 02 Time: 1542	Date: 01 Nov 02 Time: 1548	Date: 11-8-02 Time: 1030	Date: Time:
1.	Are all containers closed?	Yes	Yes	Yes	
2.	Are all containers in good condition?	Yes	Yes	Yes	
3.	Are any containers leaking or is there evidence of a spill? If contingency plan implemented, note in corrective action section below.	No	No	No	
4.	Are containers stored/handled in a manner that would prevent spills?	Yes	Yes	Yes	
5.	Are containers compatible with wastes stored in them?	Yes N/A	N/A	Yes	
6.	Are containers labeled with accumulation and the words "Hazardous Wastes"?	N/A	N/A	N/A	
7.	Have any containers been stored for more than 180 days?	Yes (Non-Haz)	Yes (Non-Haz)	Yes (Non-Haz)	
8.	Have any containers been stored for more than 90 days?	Yes (Non-Haz)	Yes (Non-Haz)	Yes (Non-Haz)	
9.	Is aisle space adequate for passage of emergency equipment and for inspections?	Yes	Yes	Yes	
10.	Are incompatible wastes stored separately?	No	No	No	
11.	Are containers that hold ignitable or reactive wastes stored at least 50 feet from the property line?	N/A	N/A	N/A	
	Inspectors Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
	Printed Name	Mark Dunlevy	Mark Dunlevy	Lew Kaurik	

NOTE: See reverse for additional information.



SAFETY AND HEALTH FORMS

Date: 25 Oct 02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1 Soil 55 gal Drum ; 1 Water 55 gal Drum

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A

Date: 01 Nov 02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1 Soil 55 gal Drum ; 1 Water 55 gal Drum

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A

Date: 11-8-02

Amount & Type of Hazardous Containers: N/A

Amount & Type of Non-hazardous Containers: 1-Soil 55 gal drum ; 1 water 55 gal Drum

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments: N/A

Date:

Amount & Type of Hazardous Containers:

Amount & Type of Non-hazardous Containers:

Condition of the liner:	Tears or Holes	Precipitation on liner:	Liner in need of repair?	(If yes, please specify in comments.)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Shipments, Deficiencies/Actions Taken & other comments:



SAFETY AND HEALTH FORMS

WEEKLY WASTE STORAGE INSPECTION RECORD - EMERGENCY EQUIPMENT INSPECTION LOG

Project Location: RVAAP

Project Site: haz waste Storage Area at LL1

Project No.:

INSTRUCTIONS:

1. Inspector to enter "yes" or "no" response for each item.
2. Sign, enter date/time of inspection, and return to Site Safety Officer at MKM project site office.
3. Report any deficiency, in person, to Site Safety Officer immediately.

Item No.	Item	Date: 25 Oct 02 Time: 1542	Date: 01 Nov 02 Time: 1548	Date: 11-8-02 Time: 1030	Date: Time:	Date: Time:
1.	Internal Alarm/Intercom operational?	yes	yes	yes		
2.	Phone, radio, or other summoning device present and working?	yes	yes	yes		
3.	Fire extinguishers/other fire protection equip. in order?	yes	yes	yes		
4.	Spill/Decon equipment fully stocked?	yes	yes	yes		
5.	Water of adequate volume & pressure?	yes (Portable Tank)	yes (Portable Tank)	yes (Portable Tank)		
6.	ER Equipment consistent with contingency plan and easily accessible?	yes	yes	yes		
7.	Other:	N/A	N/A	N/A		
	Inspectors Signature	<i>Mark Dunlavy</i>	<i>Mark Dunlavy</i>	<i>Lew Koussik</i>		
	Printed Name	Mark Dunlavy	Mark Dunlavy	Lew Koussik		

NOTE: See reverse for Deficiency Response Actions