



STEP 1 Generator / Site Description

Company			EPA ID #:
Contact		Title:	
Address			
City		State:	Zip:
Phone		Email:	

Available Utilities	Electric: <input type="checkbox"/> Yes, Volts/Amps: <input type="checkbox"/> No	Comments:
	Water: <input type="checkbox"/> Yes, Pipe Diameter: <input type="checkbox"/> No	Comments:
	Compressed Air: <input type="checkbox"/> Yes, CFM@PSIG: <input type="checkbox"/> No	Comments:
	Lavatory : <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Eyewash/Emergency Shower: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Site Specific Training	Mandatory On-Site Training Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, Please Describe (include estimated duration):	

STEP 2 Tank Description

Tank Location	<input type="checkbox"/> Same as Above	If different, Tank Address:
Tank Size	Total Volume:	Dimensions:
Tank Access	<input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor	<input type="checkbox"/> Above-Ground (AST) <input type="checkbox"/> Underground (UST)
	Trailer Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	Heated Bldg: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Construction	<input type="checkbox"/> Poly <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Other:	
	Wall thickness:	
	Internal Baffles: <input type="checkbox"/> Yes, please describe: <input type="checkbox"/> No	
	Internal Piping: <input type="checkbox"/> Yes, please describe: <input type="checkbox"/> No	
	External Piping Included: <input type="checkbox"/> Yes, please describe: <input type="checkbox"/> No	
Manway Access	Diameter: Location:	
	<input type="checkbox"/> N/A, describe alternative access:	
Future Use	<input type="checkbox"/> Refill, same product <input type="checkbox"/> Refill, new product <input type="checkbox"/> Demolition	

STEP 3 Waste Description

Tank Contents	Product Name/Constituents:		
	Safety Data Sheet (SDS): <input type="checkbox"/> Yes <input type="checkbox"/> No Testing Data Available: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approx. Volume	Liquid:	Sludge:	Solid:
Regulatory Status	RCRA Regulated: <input type="checkbox"/> Yes, waste codes: <input type="checkbox"/> No		
	Landfill Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Re-Use Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		