ADEQ

A R K A N S A S
Department of Environmental Quality

January 3, 2008

Carolyn Walker
Environmental Manager
Baxter Healthcare Corp.
1900 N. Hwy 201
Mountain Home, AR 72653

Re: Baxter Healthcare Pretreatment Compliance Assurance Visit (Tracking #ARP001045 / AFIN #03-00002)

Dear Ms. Walker:

Under 40 CFR 403.8(f)(1)(i): "[ADEQ is required to] Carry out all inspection, surveillance and monitoring procedures necessary to determine, independent of information supplied by Industrial Users, compliance or noncompliance with applicable Pretreatment Standards and Requirements by Industrial Users. Representatives of [ADEQ] shall be authorized to enter any premises of any Industrial User in which a Discharge source or treatment system is located or in which records are required to be kept under §403.12(o) to assure compliance with Pretreatment Standards. Such authority shall be at least as extensive as the authority provided under section 308 of the Act…"

Please find enclosed the completed inspection conducted at your facility on 11/14/07. Because of the complexity and size of the facility and time constraints, this inspector concentrated only on the Pretreatment regulated operations under the federal metal finishing category located in 40 CFR 433.

Below is a summary:

Requirements:

1) Baxter is not sampling all regulated wastestreams from its metal finishing operations ("needles room" and the grinding operations). See 40 CFR 433.10(a) for applicable core and ancillary operations covered.

The original attempt at a schematic of processes/wastewater sources (Attachment A-4) was confusing insofar as where wastestreams were being discharged and sampled. The compliance sampling point was not identified.

After a walk-through of the "needles" and grinding room, it was apparent a more detailed discussion and schematic was necessary to accurately understand and portray wastewater sources, discharge and sampling points.

Since the site visit, after numerous conversations both electronically and by phone, Ms. Walker has now supplied this office with what appears to be a comprehensive, accurate wastewater flow schematic and sampling plan to confirm compliance (or non-) with the CFR 433 concentration limits. See Attachment A-1 for the most recent schematic of regulated wastewater flows and proposed sampling plan.

a. What would have been a required action, "to submit an updated, accurate wastewater flow schematic per 40 CFR 403.12(b)" appears to now have been completed.

b. Baxter must now follow its proposed sampling plan (Attachment A-1) to confirm all regulated streams meet compliance with the CFR 433.17 concentration limits.

2) Chains of custody are not complete. See Attachment A-2 for example. For a sample to be considered legally defensible, valid and not suspect of tampering, the sampler's name ("relinquished by") as well as the "received by" name(s), all the way to the contract lab must coincide and be complete with dates and times indicating transfers.

3) Under 40 CFR 403.5(b)..." the following pollutants shall not be introduced into a POTW: (2) Pollutants which will cause corrosive structural damage to the POTW, but in no case Discharges with pH lower than 5.0, unless the works is specifically designed to accommodate such Discharges..."

And, under 40 CFR 403.12 (g) *Monitoring and analysis to demonstrate continued compliance...* (5) All analyses shall be performed in accordance with procedures established by the Administrator pursuant to section 304(h) of the Act and contained in 40 CFR part 136..."

Baxter is currently using pH "tape" to measure the pH of its wastewater discharged to the City. Baxter must follow the approved CFR 136 method with a calibrated pH probe.

Recommendations:

1) Notify the City when the facility is planning a discharge of its cooling tower waters for yearly maintenance. Corrosion inhibitors, algaecides and other cleaning agents may have an effect on the City's wastewater treatment plant. The City should be aware, in advance of this batch discharge for their input/approval.

Conclusion:

It was a pleasure working with you and your staff. Your open cooperation and willingness to share requested information was greatly appreciated. Your patience and understanding of the requirements placed on your operations cannot be overemphasized to help maintain national consistency with the requirements of the National Pretreatment Program.

Please respond within 30 days in writing with corrective actions and any comments regarding the compliance assurance visit.

If you should have further questions or comments regarding this report, please feel free to contact this office at (501) 682-0625.

Sincerely,

Allen R. Gilliam
ADEQ State Pretreatment Coordinator

Attachments: 11/14/07 "Pretreatment Industrial Inspection" and A-1 through A-4

cc: Greg Hurley/NPDES Enforcement
Alma Clark/Plant Supervisor/720 South Hickory Street/Mountain Home, AR 72653

Pretreatment Industrial Inspection
Facility Information

Facility Name:	Site Address: 1900 N. HWY 201
Baxter Healthcare	Mountain Home, AR 72653
Signatory Authority (Name & Title): Steve Cardin, Plant Mngr.	
Phone: 870. 424. 5210	Mailing Address (if different): same
Fax: 870. 424. 5220	
Address: SAME	Corporate Owner Name and address (if applicable):
	Baxter International, Inc
Phone: 870. 424. 5336	One Baxter Pkwy, Deerfield, IL 60015
Fax: same	Phone: 847. 948. 2000
Contact Person (Name & Title): Carolyn Walker	Fax:
Env. Administrator	Corporate CEO: John Forsyth
e-mail: carolyn_walker@baxter.com	e-mail:
Facility ~~Permit #~~ Tracking ~~#or~~ ARP00 1045	**Last Inspection Date:** 8/23/06
POTW (City) IU discharges to: City of Mountain Home	POTW's NPDES #AR00 21211
Industrial Classification: ☒ Categorical	☐ Significant
If Categorical, list which CFR #(s) the facility is subject to: CFR 433.17	

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Comments: ISO 14001 certified for EMS
OHSAS 18001 certified
Voluntary Protection Program ERA Star

Inspector's Name (Print): Allen Gilliam	Signature: Allen Gilliam
IU Rep's Name (Print) Carolyn Walker	Signature: Carolyn Walker
Date and Time Inspection Ended: 11/14/07 ~~10:15 AM~~ 11:38 AM	

I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

☐ Permit Renewal	☒ Bi-Annual	☐ Spill/Slug	☐ Unscheduled
☐ New Construction	☐ Noncompliance	☐ Follow-up	☐ Complaint

Inspection Objective(s): Determine facility's compliance with CFRs 403 and 433.17 per ADEQ's "control authority" status and CFR 403.8(f)(1)(v). Due to time constraints and with the facility complex being so expansive, this compliance assurance visit concentrated only on the metal finishing operations ("needles room") and its WW generated.

Checklist of items to be reviewed and/or visually inspected:

☒ Pre-inspection Meeting	☐ Permit Conditions	☐ Safety Concerns
☒ Process Inspection	☒ Pretreatment Process	☒ TOMP
☐ Chemical Storage	☒ Discharge point(s)	☐ Spills/Slug Control Plan
☐ Records Review	☐ RCRA information	☒ Process/Flow/Pretreatment Schematics
☒ IU sampling procedures	☐ Flow/pH Meter(s)	☐ Calibration Records
☒ MSDS Inventory List	☐ New MSDS	☐

Comments: Facility makes hypodermic needles from SS "cannulas". They also conduct plastic injection molding for parts that are assembled into the final hypodermic. Other plastic products include I.V. bags and tubing.

B. Inspection Analysis

Were there any deficiencies/violations identified and noted during the inspection? ☒ Yes ☐ No

Provide a brief narrative of deficiencies/violations or other concerns in the following areas:

Records Review: Chains of custody (See Attachment A-2 dated 6/4/07 for example) for the semi-annual reports analysis are not complete.

Process Area(s): Only the schematic and the needles production (CFR 433) room was reviewed and visited (see Attachment A-1). Seems there was some confusion on what streams from their various small baths and rinses were actually being sent through "pretreatment" and which were sent directly to the city's sewer without being treated/sampled. Batch discharge schedules of the various processes & rinses made the "representative sampling" assessment confusing.

Pretreatment System: no comment

Self Monitoring Procedures: It appears not all metal finishing WW was being sampled for compliance.

Diversion/Sewer Meters: N/A

Spill/Slug Control Plan:

Sampling Point: Adequate for "some" of the regulated streams being sent to their pretreatment tank. More sampling points must be identified to assess ALL regulated (ancillary) waste streams for compliance before discharging directly to the City's sewer system.

Chemical Storage:

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: 11/14/07 8:15 a.m.	SIC code(s): 3841, 3089	
IU Reps/Titles:	Control Authority Reps/Titles:	
Carolyn Walker / Env. Administrator	Allen Gilliam / ADEQ State Pretreatment Coordinator	
Jason Barnes / EHS Manager		
End product(s): Hypodermic needles and health sector plastic products	Approx. # of units produced: varies	
Days of Operation: 7/wk (usually)	Days of Production (if different): same	
Hours of Operation: 24	Hours of Production (if different): same	
Shift 1, hrs.: 7:30 a.m. to 4 p.m.	Shift 2, hrs.: 4 p.m. to 12 midnight	Shift 3, hrs.: 12 midnight to 7:30 a.m
# of Employees: ~1,000	Peak Mos.: none	"Off" Mos.: none

Are there any scheduled plant shutdowns? Yes ☒ No ☐ N/A ☐ If yes, when? ~ weeks of 7/4 and 12/25

Are there designated plant clean-up days? Yes ☒ No ☐ N/A ☐ If yes, when? Same as above

Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes ☐ **No** ☒

If **No**, explain: 1) It appears not all regulated streams under CFR 433 are being sampled/analyzed for compliance.

2) Chains of Custody are not complete.

Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes ☒ No ☐

If Yes, explain: Sampling points in "needles room" will require sanitary garments, safety glasses and gloves.

Are there any Safety Concerns or Identified Hazards that the inspector should be aware of: ☒ Yes ☐ No

If Yes, explain: Eye protection for use in "needles room".

Has there been any changes since the last inspection regarding the following items:

Plant/flow/process layout? Yes ☐ No ☒ ~~If yes,~~ obtain copy of updated schematic (See Attachment A-1)

Processes? Yes ☐ No ☒ If yes, explain:

Production Levels? Yes ☐ No ☒ If yes, explain:

Raw materials? Yes ☐ No ☒ If yes, explain:

Flow rates? Yes ☐ No ☒ If yes, explain

Are regulated and non-regulated wastestreams combined?	yes ☒*	no ☐	*see Section B, "Process Area" above
Prior to Pretreatment System?	yes ☒*	no ☐	N/A ☐
If Yes, was the CWF used to calculate limits?	yes ☐	no ☒	
Prior to connection to the POTW sanitary sewer?	yes ☒*	no ☐	N/A ☐
At connection to sanitary sewer?	yes ☒*	no ☐	N/A ☐
Production and flows verified for Production-Based Standards?	yes ☐	no ☐	N/A ☒

What is the current avg. production rate and process flow? Production rate - N/A, Process flow – estimated @ 365 to 1,065 gal/day, depending on individual process dump cycles. 700 gallon batch from treatment tank is ~once/week.

Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? Yes ☐ no ☐ N/A ☒

B. Facility Permits		
Permit Type	Permit No.	Expiration Date
Air	0544-AOP-R5	
RCRA	ARD005935986	
NPDES	N/A	
Other – Stormwater	ARR00A618	

C. Additional Comments
(Note which section or attachment comments are regarding)

Attachment A: Industrial Process(es)

List process(es) generating wastewater. Note if it's categorical (federally regulated w/pretreatment limits) or not

1. Grinding coolant	Yes ☒ No ☐	4. Nitric acid (passivation)/rinse	Yes ☒ No ☐
2. Alkaline clean/rinse(s)	Yes ☒ No ☐	5. "Oakite" Cleaning/rinse	Yes ☒ No ☐
3. Acid(s) Electropolish/rinse	Yes ☒ No ☐	6. Plastics Extrusion/Injection	Yes ☐ No ☒

Were processes visually inspected? Yes*☒ No ☐ N/A ☐ *Plastics making processes were not observed

Brief description of process(es): Facility manufacturers disposable medical products including needles used for collec of blood. Only the needles making process (the metal finishing processes generating wastewater) was focused on durir this site visit. "Cannulas" (small SS tubes) are ground on one end to produce the "point", then sent to the "cleaning" rc where they are dipped into a sodium hydroxide bath, hot potable water dip rinsed, then hydro-blasted (high pressure water/air mix). Needles are then sent through a sulfuric/phosphoric acid electropolish bath, dipped in a drag out (dead rinse) potable water tank. Then the needles are spray rinsed with potable water. The nitric acid passivation process follows with another potable water rinse and a final hydroblast rinse. The final stage includes dipping the needles in a cleaning "Oakite" bath followed by a potable water rinse. The needles are placed in a centrifuge dryer and are ready fc "overmolding" of plastic for final hypodermic needle product. All tanks are heated with some baths being agitated ultrasonically.

See Attachment A-1 for final process wastewater flow schematic.

General observations of facility's indoor housekeeping: Very clean and orderly

General observations of area outside facility's building: Very clean and orderly

Check all sources of wastewater being discharged into the City's collection system. Indicate avg. gal/day, measured (M or estimated (E). If batch (B) discharged, list frequency and volume (1000 gal/month, e.g.).

☒ Rinse Overflows B - 32 gal/day 100 gal/day (hydroblasts) B - 75 gal/day B - 32 gal/day B - 8 gal/day	☐ Equip. Cleanup	☐ Floor Cleanup	☒ Spent Bath Solutions B - 30 gal/yr (Electropolish) B - 8 gal/day (Nitric)
☒ Product Cleaning B - 8 gal/day degreaser B - 32 gal/day (Oakite)	☐ Forklifts Maint./Wash	☒ Tank Dragout (dead rinse) B - 8 gal/year	☐ Air Pollution Devices
☐ Boiler Blowdown	☐ Spent Rinse Tanks	☐ Equipment Coolants	☒ Non-Contact Cooling Water B ~ 2,000 gal/yr
☐ Stormwater	☒ Sanitary	☒ Grinder Coolant B - 14 gal/day (100/wk)	☒ "Staging" B - 50 gal/day

List Major Raw Materials and Chemicals used:

Sodium hydroxide, nitric, sulfuric and phosphoric acids, sodium hydroxide tribasic, "Safety Cool" (grinding ops), methylene chloride, Bis (2-ethylhexyl) phthalate, lubricating and hydraulic oils.

Check Waste Stream Pollutants of Concern from Process(es):

☐ BOD	☒ CN^-	☒ Metals (List) All metals listed in CFR 433.17	☒ Solvents (List) Facility has submitted an approvable TOMP and has waived our of testing for the CFR 433 toxic organics
☐ TSS	☐ Cl_2		
☐ O&G	☐ S^-		
☒ pH	☐		

Are there floor drains in the Process area? ☐ Yes ☒ No If yes list number and the location of all floor drains:

Attachment B: Pollution Prevention (P2) / Recycling Activities

Does the facility have a written P2 Plan? Yes ☒ No ☐

Does this facility practice P2? Yes ☒ No ☐

Environmental Management System in place? Yes ☒ No ☐

ISO Certified? Yes ☒ No ☐

Written Standard Operating Procedures? Yes ☒ No ☐

Explain:

Preventative Maintenance Program Yes ☒ No ☐ (hydraulic systems, valves, pumps, etc)

Explain:

Water Reuse: Yes ☒ No ☐

Explain: Closed-loop system in use where feasible within facility for cooling water.

Cost Accounting to Track Savings: Yes ☒ No ☐

Explain:

Inventory Control / "Green Purchasing": Yes ☒ No ☐ (lean manufacturing/"env. friendly purchasing", etc)

Explain:

Employee Training: Yes ☒ No ☐

Explain:

Spent Solvent Reclamation? Yes ☒ No ☐

Explain:

Recycle Paper, Aluminum, Boxes, and Pallets? Yes ☒ No ☐

Explain:

Recycle Waste Oil, Solvents, and Lubricants? Yes ☒ No ☐

Explain:

Other Activities

P2 Equipment/Practices in use:

☐ Overflow Alarms	☐ Aqueous Cleaning Solutions
☒ Heated baths and rinses	☐ Countercurrent Rinsing
☒ Dragout (dead rinse) Tank	☐ Seal-Less Pumps
☒ Bath agitation via ultrasonics	☐ Secondary Containment of Process Solutions
☒ Manual rinsing	☐ Bead Blasting to Remove Paint
☐ Water Soluble Cutting Fluids	☐ Recycle Overspray
☐ In-Process Recycle (Ion Exchange, Reverse Osmosis)	☐ Conductivity Meters
☐ Dead Rinse Tanks	☒ Bath / Rinse Filtration

Attachment C: Pretreatment System

Are wastestreams segregated before pretreatment?	☐ Yes	☒ No	☐ N/A
Are they pretreated prior to discharge to the sanitary sewer?	☒ Yes &	☒ No	☐ N/A
Was the pretreatment system visually inspected during this visit?	☒ Yes	☐ No	☐ N/A

Check which of the following are utilized for pretreatment prior to discharge to sanitary sewer:

☐ Dissolved air floatation	☐ Membrane Tech.	☐ Ion Exchange	☐ Biological Treatment
☐ Centrifugation	☐ Flow Equalization	☐ Ozonation	☐ Chlorinating
☒ Chemical Precipitation	☐ Oil/Water Separation	☐ Reverse Osmosis	☒ Grit Removal
☐ Sludge Filter Press	☐ Grease Trap	☐ Screen	☐ Solvent Separation
☒ pH Adjustment	☐ Sand Trap	☒ Sedimentation	☐ Silver Recovery
☐ Belt/Disk Oil Skimmer	☒ Chrome reduction	☒ Filtration (macro)	☐

Provide Brief Description of Pretreatment System (leaks, cleanliness, equipment not in working order): Basic 1000 gallon fiberglass mixing tank for chrome reduction, metals chemical precipitation and pH adjustment is discharged about once/week. This tank is surrounded by a containment wall.

Does the description match the schematic currently on file? ☐ Yes ☐ No ☒ N/A (not one on file)

System Operator(s) Name:

Does discharge permit require licensed operator? ☐ Yes ☒ No ☐ N/A

Is the System Operator(s) licensed by the State of Arkansas (per Reg. # 3?) ☐ Yes ☐ No ☒ N/A

List Name(s) and License classification:

Is training provided to the Pretreatment System Operator(s)? ☒ Yes ☐ No ☐ N/A

If Yes, list type and frequency:

Is the discharge from the Pretreatment System? ☒ Batch ☐ Continuous ☒ Combination

If any discharges are batch type or combination, describe the following:

Volume of each batch: ~700 gallons per week (during a 15 - 30 minute period) from outside treatment tank . (Batch discharges from various needles operations that haven't been sampled vary from X gallons/shift to X gallons/day).

Describe processes from which (sampled) batch originated: only from the degreasing/rinse, electropolish, passivation/rinse stages.

Approximate duration of batch discharge: 15 – 30 minutes

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)
N/A		

Attachment D: Chemical Storage Area(s) Did not view entire facility		
Does the facility have a designated chemical storage area(s)? ☒Yes ☐No		
Was this area(s) visually inspected? ☐Yes ☒No ☐N/A		
Describe Chemical Storage Area(s) (From facility TOMP)	Are there floor drains in this area?	If yes, where does this drain lead to?
1. Ethylene glycol	☐Yes ☐No	☐ Pretreatment ☐ Sanitary Sewer ☒ hauled off-site
2. Methylene Chloride	☐Yes ☒No	☐ Pretreatment ☐ Sanitary Sewer ☒ hauled off-site
3. Bis (2-Ethylhexly) phthalate	☐Yes ☒No	☐ Pretreatment ☐ Sanitary Sewer ☒ hauled off-site
4. Lubricating/hydraulic oils	☐Yes ☐No	☐ Pretreatment ☐ Sanitary Sewer ☒ hauled off-site
Does the Chemical Storage Area(s) contain any of the following?		
☐ Dikes, Berms for Containment	☒ Plugs for Floor Drains	
☒ Secondary Containment pit under "treatment tank	☐ Premix (low) Concentrations	
☒ Alarms	☐ Chain restraints, limited access	
☐ Spills Control Kits for Cleanup	☐ Notification Procedures	
☒ Chemical desegregation in outside Storage Area	☐ Other	
Chemical Inventory List (MSDS) on file? ☒Yes ☐No ☐N/A		
Were any ~~new~~ MSDS reviewed during the Inspection? ☒Yes ☐No ☐N/A		
If yes, list below: Cooling tower corrosion (phosphoric, sulfuric acids and a "substituted aromatic amine") inhibitor and biocide (sodium hydroxide) chems along with the chrome reduction chemical (sodium meta bi-sulfite)		
Chemical storage comments: Didn't get to see all chemical storage areas but, from facility reps, "chemical storage areas" are all well protected and contained".		
Chemical handling procedures (totes, dolly, buckets, hardline, etc): The metal finishing (needles room) chems are brought to their stations on an as-needed basis in 5 gallon containers. Flammables are stored in flame resistant cabinets in each department.		

Attachment E: Spill/Slug Control Plan	
Does the facility have a Spill/Slug control plan? From the limited area of the facility visited, it did not appear there was a slug potential.	☐ yes ☐ no ☒ N/A
If yes are the following: 403.8(f)(2)(v)(A-D) requirements in place?	
Is the spill/slug control plan <2 years old?	☐ yes ☐ no ☒ N/A
(A) Describes discharge practices including non routine batch (slug) discharges	☐ yes ☐ no ☒ N/A
(B) Describes storage and handling of chemicals	☐ yes ☐ no ☒ N/A
(C) Procedures for immediate notification to POTW of slug discharges	☐ yes ☐ no ☒ N/A
(D) 1. Describes measures for controlling toxic/hazardous pollutants	☐ yes ☐ no ☒ N/A
2. Describes procedures and equipment for emergency response	☐ yes ☐ no ☒ N/A
3. Describes follow-up to limit damage suffered by POTW or environment	☐ yes ☐ no ☒ N/A
4. Does the facility have Spill/Slug Notification Procedures posted?	☐ yes ☐ no ☒ N/A
5. Are worker personnel provided training in the event of a spill or slug discharge?	☐ yes ☐ no ☒ N/A
If no:	
Does the facility have Spill/Slug Notification Procedures posted?	☐ yes ☐ no ☒ N/A
Is it posted in areas where chemicals are used and stored?	☐ yes ☐ no ☒ N/A
If Yes how many?	
Are appropriate personnel provided training in the event of a spill ~~or slug discharge~~?	☒ yes ☐ no
Have there been any non-routine, episodic discharges or chemical spills in the past year?	☐ yes ☒ no
(Briefly Describe, Include Dates)	
Was the City notified of these occurrences? ☐ yes ☐ no ☒ N/A	
Visual Inspection of Discharge Lines/Points	
Provide description of manhole condition and flow channel of the following where applicable:	
Sampling / Monitoring Point: Adequate.	
Total Flow Monitoring Point: Flow estimated at 700 gpd from 1,000 gallon "treatment tank" into a PVC line which "elbows" down into the City's sewer system.	
Upstream Manhole: N/A	
Point of Connection: N/A	

Attachment F: Self-Monitoring & if CFR 433, TTO/TOMP Requirements

Have Operator (or person collecting the sample) to describe how composite and grab samples are collected and preserved. Record descriptions. Include name of individual and title.

See Attachment A-3 for example "treatment" SOP.

Where is the sample point located?

☐ End of Process	☒ Pretreatment Effluent	☐ Total Flow
☐ Combined Flow	☐ Metered Flow	☐ Flow Actuator
☐ Private Manhole	☐ Utility Manhole	☐ Advance Notice Required
☐ Safety Hazards Identified	☐	☐

Is the Sample Collection Site Adequate?	☐ Yes ☒ No ☐ N/A
Does the facility rep. request a split sample on this sampling/inspection?	☐ Yes ☐ No (no samples collected during this site visit because it would not have been representative)
Does the facility perform self-monitoring tests in-house?	☒*Yes ☐ No ☐ N/A *non CFR 136 methods for pH & analyte "check"

~~If no,~~ Record the name and address of Contract Lab: They send their compliance samples to American Interplex

8600 Kanis Rd., Little Rock, AR 72204

Automatic Sampler ☐ or Manual ☒

IU Self-Monitoring Results reviewed:	☒ Yes ☐ No ☐ N/A
Is the Contract Lab certified by ADEQ for test parameters?	☒ Yes ☐ No ☐ N/A
Dates and Times of Sample Analysis Recorded?	☒ Yes ☐ No ☐ N/A
Correct Methods Used for Test Analysis (Refer To 40CFR Part 136)	☒ Yes ☐ No ☐ N/A
EPA recommended holding times being met (Refer to 40CFR Part 136)	☒ Yes ☐ No ☐ N/A
Chain of Custody Records for Self-Monitoring Samples Reviewed *Chains of Custody are "broken". See Attachment A-2 for example.	☒* Yes ☐ No ☐ N/A
Were correct Sample Types Collected	☒ Yes ☐ No ☐ N/A
Dates and times of Sample Collection Recorded?	☒ Yes ☐ No ☐ N/A
Were Samples preserved correctly (refer to 40CFR Part 136)	☒ Yes ☐ No ☐ N/A
Were Self Monitoring records on file for past 3 years?	☐ Yes ☐ No ☐ N/A (didn't review)

List the parameters the facility monitors and the frequency: All below 2/year

☒ Cd(t)	☒ Cu(t)	☒ Cr(t)	☒ Ni(t)	☒ Pb(t)
☒ Ag(t)	☒ Zn(t)	☒ pH	☒ CN^-(t)	☐ CN^-(a-c)
☐ TTO-Vol	☐ TTO-B/N	☐ TTO-A.E.	☐ TTO-Pest	☐ Cr(hex)
☐	☐	☐	☐	☐

Toxic Organic Management Plan (TOMP) for Metal Finishers under CFR 433

How does the IU report TTO? ☐ Analysis ☒ Certification Statement

Does the facility have a Toxic Organic Management Plan? ☒ Yes ☐ No ☐ N/A

If yes, Does the plan show how toxic organics are used, stored, and disposed? ☐ Yes ☐ No ☐ N/A

List the date of the last revision to the TOMP: 11/26/07

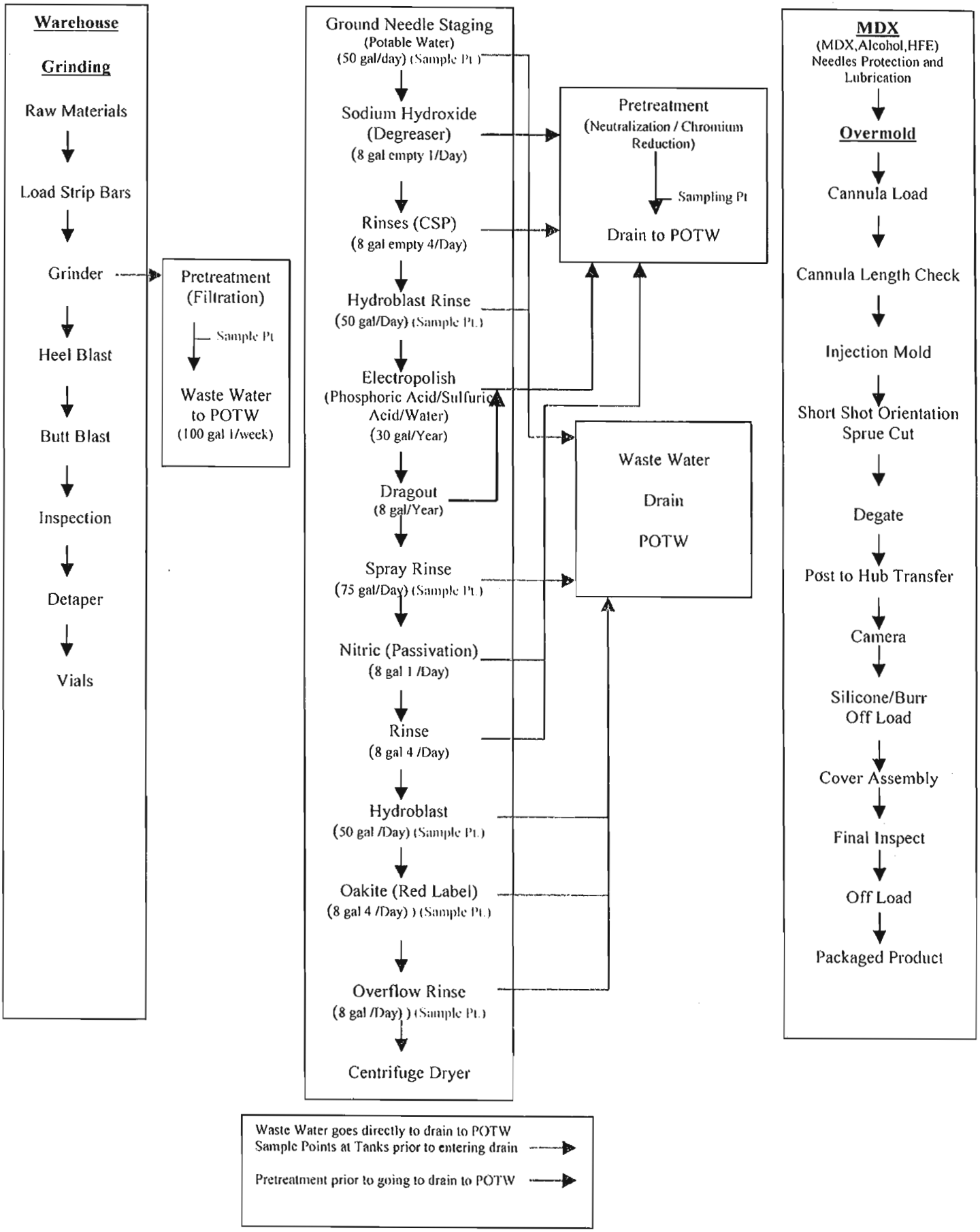
Is the TOMP being followed as written? *In as much as this auditor could ascertain ☒*Yes ☐ No ☐ N/A (If no, provide explanation in comments.)

If no, is there evidence that a TOMP is needed? ☐ Yes ☐ No ☐ N/A (If yes, provide description of evidence in comments.)

Comments:

Attachment A-1

Needles (40CFR 433 Subpart A)



Needles Sampling Plan
(40 CFR 433 Subpart A)

In accordance with 40 CFR Part 403.12(e) industrial users with processes regulated by categorical pretreatment standards (40 CFR Part 433, et al) are required to submit semi-annual reports to the ADEQ to demonstrate continued compliance when discharge from the regulated processes enter, can enter, or will enter a Publicly Owned Treatment Works (POTW). Reports are due February and August.

Sampling Plan: Sample once every 6 months. If noncompliance noted sample as needed to demonstrate compliance.

1. Sample will consist of one grab sample from pretreatment holding tank discharge point; holding tank discharge avg. 700 gal.with discharge time of 15 minutes. Pretreatment is performed on the Sodium Hydroxide bath and primary rinse water; Electropolish (Phosphoric Acid/Sulfuric Acid/Water); Nitric Acid bath and primary rinse water.

2. Sample will consist of one grab sample at the end of the shift prior to water entering drain from each separate operation: Ground Needle Staging; Hydroblast Rinse, Spray Rinse, Hydroblast Rinse, Oakite Process; Overflow rinse, filtered grinding waste water.

3. Sample effluent data to be reported semi-annually (February and August).

AMERICAN INTERPLEX CORPORATION
LABORATORIES

Attachment A-2

8600 Kanis Road
Little Rock, AR 72204-2322
(501) 224-5060
FAX (501) 224-5072

CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

PAGE 1 OF 1

Client: Baxter Healthcare Corp.
Project Reference: Needles Neutralization
Project Manager: Carolyn Walker
Sampled By: [signature]

PO No.

SAMPLE MATRIX: GRAB, COMP, WATER, SOIL

NO OF BOTTLES

ANALYSES REQUESTED: Cd, Cr, Cu | Pb, Ni, Ag | Zn | Total Cyanide

AIC CONTROL NO: 110229
AIC PROPOSAL NO:
Carrier: Vel-X
Received on Ice (4°C)? YES 1°C NO

AIC No.	Sample Identification	Date/Time Collected	GRAB	COMP	WATER	SOIL	NO OF BOTTLES	Cd, Cr, Cu	Pb, Ni, Ag	Zn	Total Cyanide	Remarks
	Nd1S	6-4-07 11:10 AM	✓		✓		2	✓	✓	✓	✓	
		Container Type						P	P	P	P	
		Preservative						N	N	N	B	

Field pH calibration on _____ @ _____
Buffer:

G = Glass P = Plastic V = VOA vials H = HCl to pH2 T = Sodium Thiosulfate
NO = none S = Sulfuric acid pH2 N = Nitric acid pH2 B = NaOH to pH12 Z = Zinc acetate

Turnaround Time Requested: (Please circle)
NORMAL or EXPEDITED IN ____ DAYS
Expedited results requested by: _____
Who should AIC contact with questions: Carolyn Walker
Phone: 870-424-5336 Fax: 870-424-5220
Report Attention to: Carolyn Walker
Report Address to: Baxter Healthcare Corp
1900 N. Hwy 201
Mtn. Home, AR 72653

Relinquished By:	Date/Time	Received By:	Date/Time
C. Walker	6/4/07 1135		
Relinquished By:	Date/Time	Received in Lab By:	Date/Time
		[signature]	6-5-07 9:00

Comments:

5/01

FORM 0060

Attachment A-3

JIB TITLE	EFFECTIVE DATE/ ENTERED BY / DATE	DM15A
Needles Neutralization Tank Procedures	9-24-07 | Ry Rebb 9-24-07	Page 1 of 4
New Revised X Inactive	PREPARED BY: Jennifer Schaab 05/12/06	Max. Days Training: 30

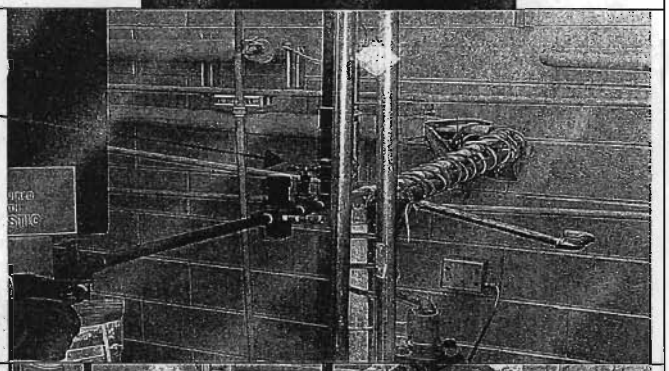
MFG. REVIEWED BY:	Q.M. REVIEWED BY:	SAFETY REVIEWED BY:
C. Walker 9/12/07	Kalley 9/12/07 Equipment/Process Validation Impacted? Yes (No)	Jason Bm 9/12/07

Release material to drain following the procedures outlined below.

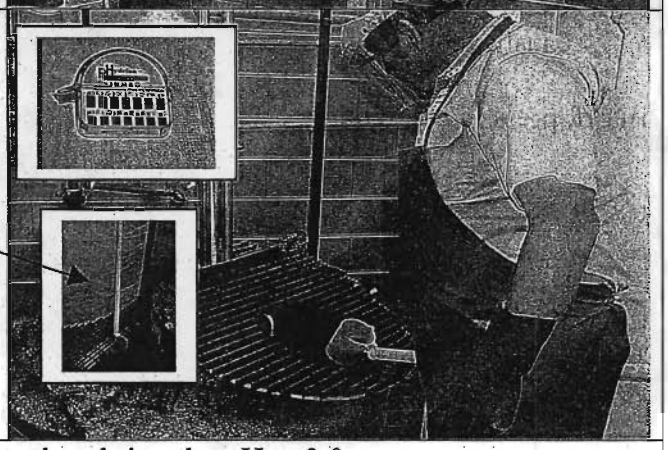
COPY

Put on Personal Protective Gear:
a. Face Shield or Chemical Goggles
b. Green Apron
c. Acid Gloves

1. Mix tank with air prior to checking pH.
   a. Turn valve on.



2. Check pH in tank using pH tape.
   a. Obtain a sample of material with sampler.



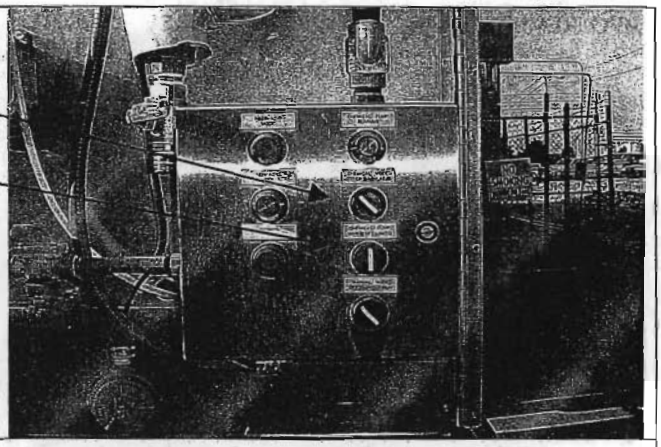
3. Add sulfuric acid or sodium hydroxide to tank to bring the pH to 3.0.

NOTE: Sulfuric Acid lowers the pH and Sodium Hydroxide raises the pH

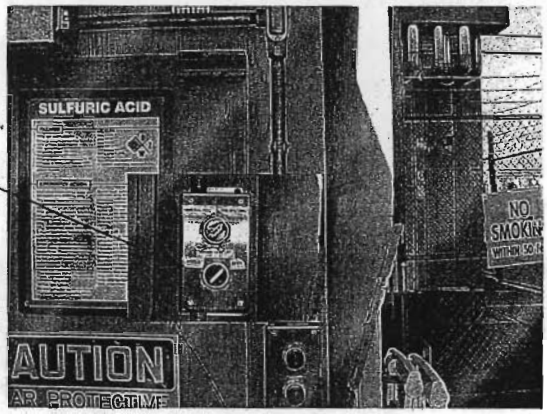
FOR BAXTER USE ONLY

4. To add sulfuric acid to tank.
   a. Turn Control Panel control to "Other" on control panel
   b. Turn Chemical Pump control to "Manual" on control panel

After you are finished adding sulfuric acid:
   a. Turn Chemical Mode control to "Acid" on the control panel
   b. Turn Chemical Pump control to "Off" on the control panel.

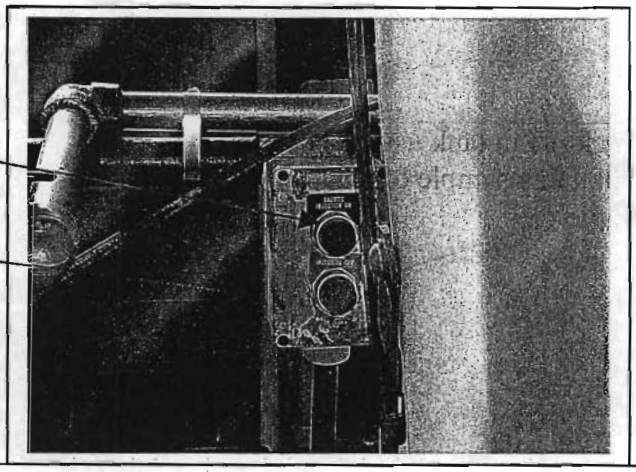


5. To add sodium hydroxide set the tank to the 1,000-gallon tank.



Then turn the caustic pump on. Control is located next to the caustic storage bin.

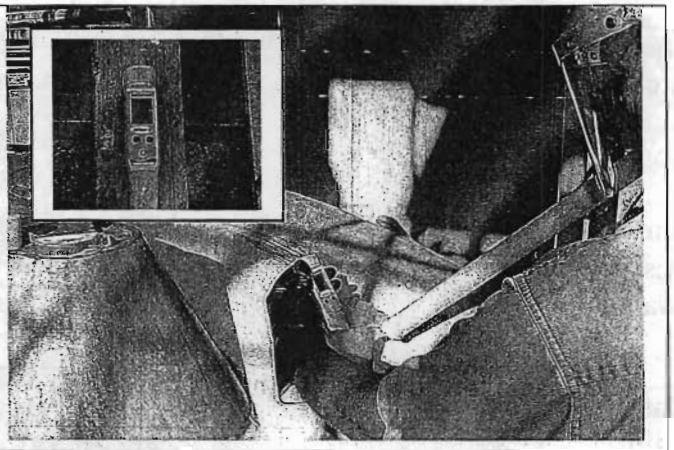
To turn off, press the red button.



6. Check ORP of material.
   ORP should be between 250 – 300 mV.
   a. To check ORP, pull a sample of material and insert the ORP meter.

If ORP is greater than 300 mV, add CR-20 Reducing Agent to the tank to bring the ORP down.

Recheck ORP of material.



7. Once ORP of 250 – 300 mV is reached, the material must remain at 250 – 300 mV for **30 minutes**.

   Recheck the ORP, after 30 minutes, to confirm mV value.

8. **If phosphates** are visually present (suds while being mixed) add calcium chloride. Amount determined by quantity of material that is being treated. Check calcium choride container for correct amount. Adjust pH to 10 using sodium hydroxide. Wait **30 minutes** after pH of 10 has been reached.

   Adjust pH to 8. Once the pH has reached 8, turn air off to the tank and let the liquid settle for one (1) hour.

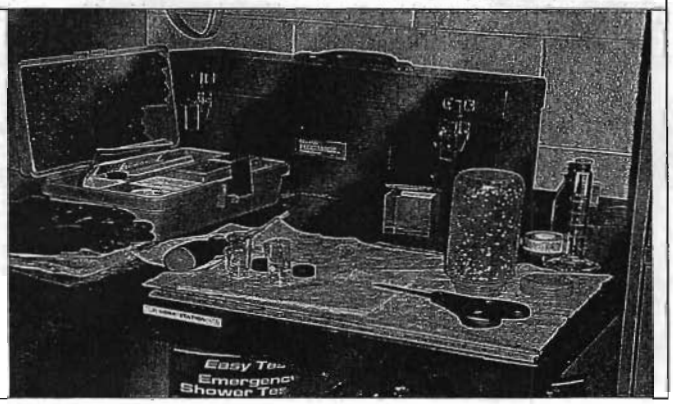
9. **If no phosphates** are visually present Adjust pH to 8. Once the pH has reached 8, turn air off to the tank and let the liquid settle for one (1) hour.

10. After one (1) hour, pull a sample with sample stick and place sample in small plastic container. Bring sample to the Testing Room.

11. Complete the Pocket Colorimeter Analysis System for Zinc Concentrate. Refer to page 32 of Instruction Manual.

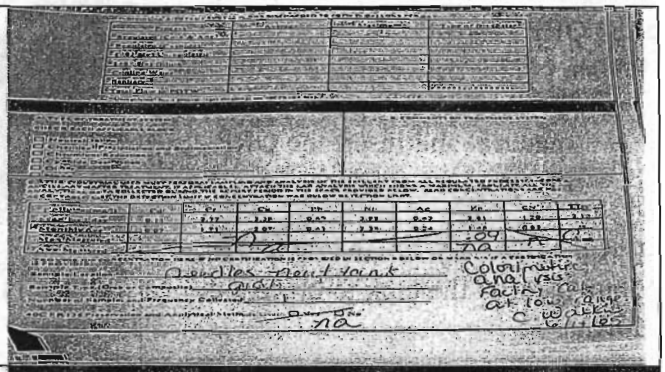
Zinc concentration must be <1.0 mg/l

Wear safety goggles, green apron, blue nitrile medical gloves.



12. When test pass, record zinc concentrate onto log.

When testing is complete, rinse area around Needles Neutralization tank and containers with water.

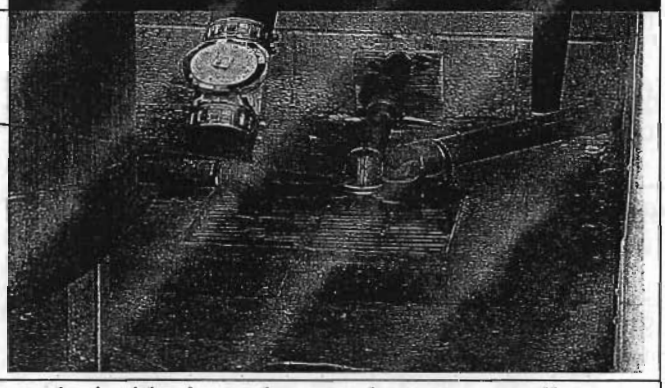


13. Material is now ready to go to the drain.
    a. To drain, turn the red valve located 3 feet from the bottom of the Neutralization tank.

14. You will see the material come out the pipe into the drain.

When material is no longer draining, shut drain valve off.

This process must be complete by 11:30 a.m. if treatment takes place in the morning or by 1530 if treatment takes place after lunch.

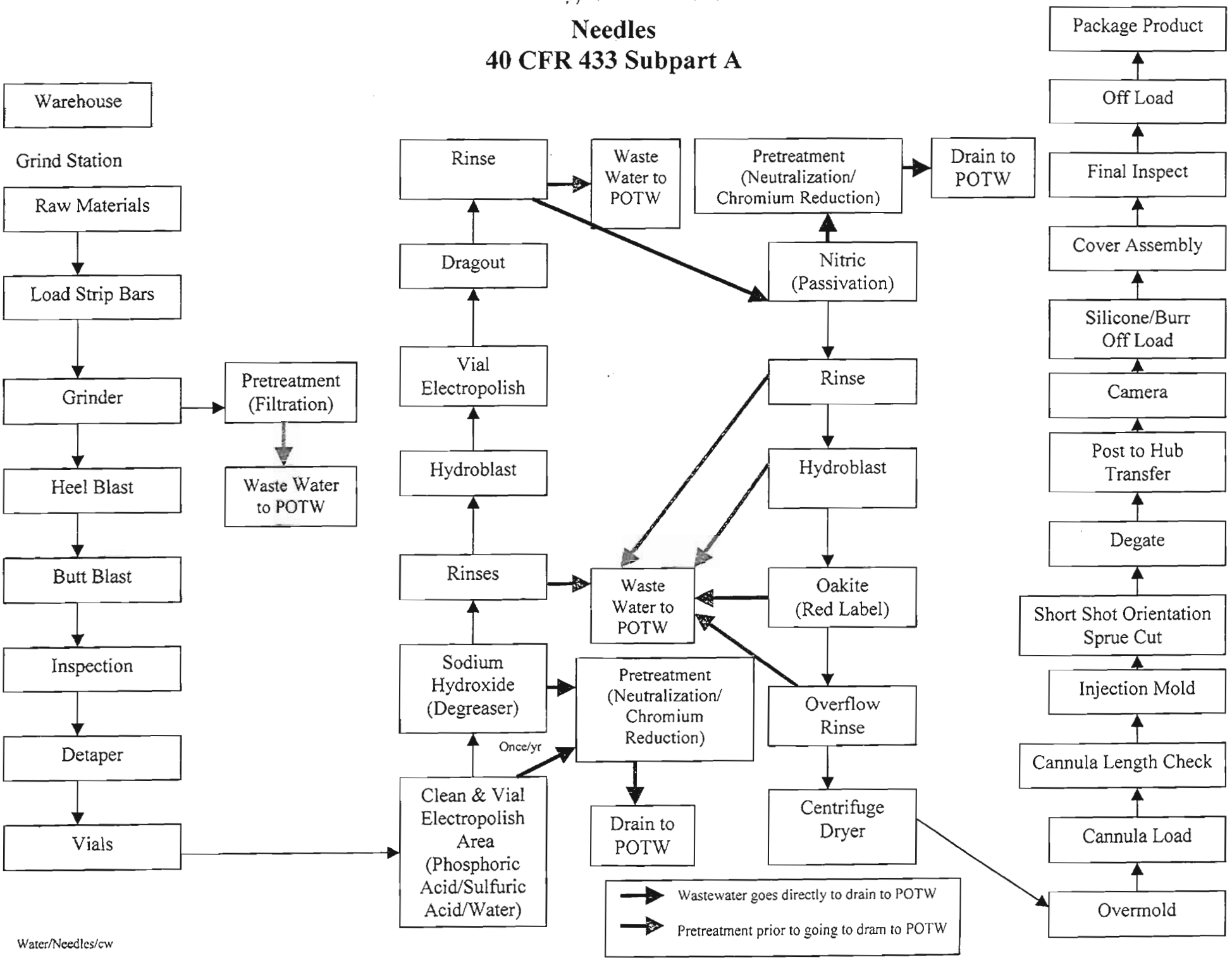


15. When draining is complete, read the hash marks inside the tank to see how many gallons were released into the drain.

Go to the Steam Control Room and fill out the Neutralization log. Record the gallons drained, and the pH.

Attachment A-4

Needles
40 CFR 433 Subpart A



Water/Needles/cw

Pretreatment Industrial Inspection

Facility Information

Facility Name: Baxter Healthcare Cor	Site Address: 1900 Hwy 201 North Mountain Home, AR 72653
Signatory Authority (Name & Title): Steve Cardin, Plant Manager	
Phone: 870-424-5210	Mailing Address (if different):
Fax: 870-424-5220	
Address: 1900 Hwy 201 North Mountain Home, AR 72653	Corporate Owner Name and address (if applicable): Baxter International, Inc One Baxter Pkwy, Deerfld, IL
Phone: 870-424-5336	Phone: (847) 948-2000
Fax: 870-424-5220	Fax: (847) 946-2016
Contact Person (Name & Title): Carolyn Walker, Env. Admin.	Corporate CEO: John D. Forsyth
e-mail: carolyn-walker@baxter.com	e-mail: —
Facility Permit # or ARP00 1045	**Last Inspection Date:** Oct 5, 2005
POTW (City) IU discharges to: Mountain Home Water	POTW's NPDES #AR00 21211
Industrial Classification: ☒ Categorical	☐ Significant
If Categorical, list which CFR #(s) the facility is subject to: 40CFR43 AFIN 03-00002	

Table of Contents

III. **Attachments** "Yes" indicates item exists at the facility and attachments will be included
"No" indicates item does not exist at the facility and attachments aren't necessary

A. **Industrial Processes**	yes ☒	no ☐	Page of
B. **Pollution Prevention Activities**	yes ☒	no ☐	Page of
C. **Pretreatment System**	yes ☒	no ☐	Page of
D. **Chemical Storage**	yes ☒	no ☐	Page of
E. **Spill/Slug Control Plan**	yes ☐	no ☒	Page of
F. **Self-Monitoring/TOMP**	yes ☒	no ☐	Page of

Comments: Inaugural member of EPA National Environmental Performance Track & Runner-Up for ADEQ "The Envy of Arkansas" Award

Inspector's Name (Print): Rufus Torrence	Signature:
IU Rep's Name (Print) Carolyn Walker	Signature: Carolyn Walker
Date and Time Inspection Ended: 8-23-06 @ 11:02 am	

I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

☐ Permit Renewal	☒ Annual - Bi	☐ Spill/Slug	☐ Unscheduled
☐ New Construction	☐ Noncompliance	☐ Follow-up	☐ Complaint

Inspection Objective(s)

Compliance Assurance

Checklist of items to be reviewed and/or visually inspected:

☐ Pre-inspection Meeting	☐ Permit Conditions	☐ Safety Concerns
☐ Process Inspection	☐ Pretreatment Process	☐ TOMP
☐ Chemical Storage	☐ Discharge point(s)	☐ Spills/Slug Control Plan
☐ Records Review	☐ RCRA information	☐ Process/Flow/Pretreatment Schematics
☐ IU sampling procedures	☐ Flow/pH Meter(s)	☐ Calibration Records
☐ MSDS Inventory List	☐ New MSDS	☐

Comments:

B. Inspection Analysis

Were there any deficiencies/violations identified and noted during the inspection? ☐ Yes ☒ No

Provide a brief narrative of deficiencies/violations or other concerns in the following areas:

Records Review

Process Area(s)

Pretreatment System

Self Monitoring Procedures

Diversion/Sewer Meters

Spill/Slug Control Plan

Sampling Point

Chemical Storage

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: 8-23-06 @ 10:00 am	SIC code(s): 3841
IU Reps/Titles: Carolyn Walker	Control Authority Reps/Titles: Rufus Torrence, Pret Eng
End product(s): Medical Apparatus	Approx. # of units produced: Varies
Days of Operation: Sun - Sat	Days of Production (if different): —
Hours of Operation: 24 hrs / day	Hours of Production (if different): —
Shift 1, hrs: 7:30 to 16:00	Shift 2, hrs: 1600 to 2400
Shift 3, hrs: 2400 to 0730	
# of Employees: 1058	Peak Mos.: N/A
"Off" Mos.: N/A	

Are there any scheduled plant shutdowns? Yes ☒ No ☐ N/A ☐ If yes, when? 1st week July 4th wk Dec

Are there designated plant clean-up days? Yes ☒ No ☐ N/A ☐ If yes, when? See above

Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes ☒ No ☐

If No, explain:

Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes ☐ No ☒

If Yes, explain:

Are there any Safety Concerns or Identified Hazards that the inspector should be aware of: ☐ Yes ☒ No

If Yes, explain:

Has there been any changes since the last inspection regarding the following items:

Plant/flow/process layout? Yes ☐ No ☒ If yes, obtain copy of updated schematic for facility file.

Processes? Yes ☐ No ☒ If yes, explain:

Production Levels? Yes ☐ No ☒ If yes, explain:

Raw materials? Yes ☐ No ☒ If yes, explain:

Flow rates? Yes ☐ No ☒ If yes, explain

Are regulated and non-regulated wastestreams combined?	yes ☒	no ☐	
Prior to Pretreatment System?	yes ☐	no ☒	N/A ☐
If Yes, was the CWF used to calculate limits?	yes ☐	no ☐	
Prior to connection to the POTW sanitary sewer?	yes ☒	no ☐	N/A ☐
At connection to sanitary sewer?	yes ☐	no ☐	N/A ☒
Production and flows verified for Production-Based Standards?	yes ☐	no ☒	N/A ☐

What is the current avg. production rate and process flow?

N/A

Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes ☐ no ☐ N/A

B. Facility Permits		
Permit Type	Permit No.	Expiration Date
Air	0544 - AOP - R5	
RCRA	ARD005935986	
NPDES	ARR00A618	
Other		

C. Additional Comments

(Note which section or attachment comments are regarding)

(1) Sampled Raw Wastewater with high pH (near 14)

Attachment A: Industrial Process(es)

List process(es) generating wastewater. Note if it's categorical (federally regulated w/pretreatment limits) or not

1. Needle Sharpening	Yes ☒ No ☐	4.	Yes ☐ No ☐
2. Plastic Mfg	Yes ☒ No ☐	5.	Yes ☐ No ☐
3.	Yes ☐ No ☐	6.	Yes ☐ No ☐

Were processes visually inspected? Yes ☐ No ☐ N/A ☐

Brief description of process(es):

Needles: Cannula trocars made of 304 Stainless Steel are ground on one end to produce the sharp point

Plastic Mfg: Plastic extrusion

General observations of facility's indoor housekeeping: OK Hospital Clean

General observations of area outside facility's building: OK Excellent

Check all sources of wastewater being discharged into the City's collection system. Indicate avg. gal/day, measured (M) or estimated (E). If batch (B) discharged, list frequency and volume (1000 gal/month, e.g.).

☐ Process Rinse Overflows	☐ Equip. Cleanup	☒ Floor Cleanup 1000 (E)	☐ Spent Bath Solutions
☐ Product ~~Cleaning~~ cooling 19360 (E)	☒ Forklifts Maint./Wash see floor Cleanup	☐ Tank Dragout	☐ Air Pollution Devices
☒ Boiler Blowdown 5000 (E)	☒ Spent Rinse Tanks 60 (E)	☐ Equipment Coolants	☒ Non-Contact Cooling Water 120,000 (E)
☐ Stormwater	☒ Laundry 24,400 (E)	☐ 40,800 (E)	☒ 300 (E)

List Major Raw Materials and Chemicals used:

SS Needle Blanks
Sodium Hydroxide
Sulfuric Acid
Phosphoric Acid
Nitric Acid

Check Waste Stream Pollutants of Concern from Process(es)

☐ BOD	☒ CN^-	☒ Metals (List) Cd, Cr, Cu, Pb, Ni, Ag, Zn	☐ Solvents (List)
☐ TSS	☐ Cl_2		
☐ O&G	☐ S^-		
☐ pH	☐		

Are there floor drains in the Process area? ☐ Yes ☒ No If yes list number and the location of all floor drains:

Attachment B: Pollution Prevention (P2) / Recycling Activities			
Does the facility have a written P2 Plan?	Yes ☐	No ☒	
Does this facility practice P2?	Yes ☒	No ☐	
Environmental Management System in place?	Yes ☒	No ☐	
ISO Certified?	Yes ☒	No ☐	9001 & 14001
Written Standard Operating Procedures?	Yes ☒	No ☐	
Explain:			
Preventative Maintenance Program	Yes ☒	No ☐	(hydraulic systems, valves, pumps, etc)
Explain:			
Water Reuse:	Yes ☒	No ☐	
Explain:			
Cost Accounting to Track Savings:	Yes ☒	No ☐	
Explain:			
Inventory Control / "Green Purchasing":	Yes ☒	No ☐	(lean manufacturing/"env. friendly purchasing", etc)
Explain:			
Employee Training:	Yes ☒	No ☐	
Explain:			
Spent Solvent Reclamation?	Yes ☒	No ☐	
Explain:			
Recycle Paper, Aluminum, Boxes, and Pallets?	Yes ☒	No ☐	
Explain:			
Recycle Waste Oil, Solvents, and Lubricants?	Yes ☒	No ☐	
Explain:			
Other Activities			
P2 Equipment/Practices in use:			

☒ Overflow Alarms	☐ Aqueous Cleaning Solutions
☐ Fog Spray Rinsing	☐ Countercurrent Rinsing
☐ Dragout Collection Trays	☐ Seal-Less Pumps
☐ Air Jets to Blow Parts Dry	☒ Secondary Containment of Process Solutions
☐ Aqueous Paint Stripping Solutions	☐ Bead Blasting to Remove Paint
☒ Water Soluble Cutting Fluids	☐ Recycle Overspray
☐ In-Process Recycle (Ion Exchange, Reverse Osmosis)	☐ Conductivity Meters
☐ Dead Rinse Tanks	☐ Bath / Rinse Filtration

Attachment C: Pretreatment System

Are wastestreams segregated before pretreatment?	☒ Yes	☐ No	☐ N/A
Are they pretreated prior to discharge to the sanitary sewer?	☒ Yes	☐ No	☐ N/A
Was the pretreatment system visually inspected during this visit?	☒ Yes	☐ No	☐ N/A

Check which of the following are utilized for pretreatment prior to discharge to sanitary sewer:

☐ Dissolved air floatation	☐ Membrane Tech.	☐ Ion Exchange	☐ Biological Treatment
☐ Centrifugation	☐ Flow Equalization	☐ Ozonation	☐ Chlorinating
☒ Chemical Precipitation	☐ Oil/Water Separation	☐ Reverse Osmosis	☐ Grit Removal
☐ Sludge Filter Press	☐ Grease Trap	☐ Screen	☐ Solvent Separation
☒ pH Adjustment	☐ Sand Trap	☐ Sedimentation	☐ Silver Recovery
☐ Belt/Disk Oil Skimmer	☐	☐	☐

Provide Brief Description of Pretreatment System (leaks, cleanliness, equipment not in working order):

Does the description match the schematic currently on file? ☐ Yes ☐ No ☐ N/A

System Operator(s) Name:

Does discharge permit require licensed operator? ☐ Yes ☒ No ☐ N/A

Is the System Operator(s) licensed by the State of Arkansas (per Reg. # 3?) ☐ Yes ☒ No ☐ N/A

List Name(s) and License classification:

Is training provided to the Pretreatment System Operator(s)? ☒ Yes ☐ No ☐ N/A

If Yes, list type and frequency:

Is the discharge from the Pretreatment System? ☒ Batch ☐ Continuous ☐ Combination

If any discharges are batch type or combination, describe the following:

Volume of each batch: 350 gallons per week

Describe process from which batch originated (spent bath, e.g.):

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)
N/A		

Attachment D: Chemical Storage Area(s)

Does the facility have a designated chemical storage area(s)?	☒ Yes	☐ No
Was this area(s) visually inspected?	☐ Yes	☐ No ☐ N/A

Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1. Raw Material Chemical	☐ Yes ☒ No	☐ Pretreatment ☐ Sanitary Sewer ☐ Storm Sewer
2.	☐ Yes ☐ No	☐ Pretreatment ☐ Sanitary Sewer ☐ Storm Sewer
3.	☐ Yes ☐ No	☐ Pretreatment ☐ Sanitary Sewer ☐ Storm Sewer
4.	☐ Yes ☐ No	☐ Pretreatment ☐ Sanitary Sewer ☐ Storm Sewer

Does the Chemical Storage Area(s) contain any of the following?

☒ Dikes, Berms for Containment	☐ Plugs for Floor Drains
☐ Secondary Tanks for Holding	☐ Premix (low) Concentrations
☐ Alarms	☒ Chain restraints, limited access
☒ Spills Control Kits for Cleanup	☐ Notification Procedures
☒ Chemical desegregation within Storage Area	☐ Other

Chemical Inventory List (MSDS) on file?	☒ Yes	☐ No	☐ N/A
Were any new MSDS reviewed during the Inspection?	☐ Yes	☐ No	☐ N/A

If yes, list below:

Chemical storage comments:

Chemical handling procedures (totes, dolly, buckets, hardline, etc):

Attachment E: Spill/Slug Control Plan	
Does the facility have a Spill/Slug control plan?	☐ yes ☒ no
If yes are the following: 403.8(f)(2)(v)(A-D) requirements in place?	
Is the spill/slug control plan <2 years old?	☐ yes ☐ no ☐ N/A
(A) Describes discharge practices including non routine batch (slug) discharges	☐ yes ☐ no ☐ N/A
(B) Describes storage and handling of chemicals	☐ yes ☐ no ☐ N/A
(C) Procedures for immediate notification to POTW of slug discharges	☐ yes ☐ no ☐ N/A
(D) 1. Describes measures for controlling toxic/hazardous pollutants	☐ yes ☐ no ☐ N/A
2. Describes procedures and equipment for emergency response	☐ yes ☐ no ☐ N/A
3. Describes follow-up to limit damage suffered by POTW or environment	☐ yes ☐ no ☐ N/A
4. Does the facility have Spill/Slug Notification Procedures posted?	☐ yes ☐ no ☐ N/A
5. Are worker personnel provided training in the event of a spill or slug discharge?	☐ yes ☐ no ☐ N/A
If no:	
Does the facility have Spill/Slug Notification Procedures posted?	☐ yes ☒ no
Is it posted in areas where chemicals are used and stored?	☐ yes ☐ no
If Yes how many?	
Are appropriate personnel provided training in the event of a spill or slug discharge?	☒ yes ☐ no
Have there been any non-routine, episodic discharges or chemical spills in the past year?	☐ yes ☒ no
(Briefly Describe, Include Dates)	
Was the City notified of these occurrences? ☐ yes ☐ no ☒ N/A	
Visual Inspection of Discharge Lines/Points	
Provide description of manhole condition and flow channel of the following where applicable:	
Sampling / Monitoring Point	
Total Flow Monitoring Point	
Upstream Manhole	
Point of Connection:	

Attachment F: Self-Monitoring & if CFR 433, TTO/TOMP Requirements

Have Operator (or person collecting the sample) to describe how composite and grab samples are collected and preserved. Record descriptions. Include name of individual and title.

Where is the sample point located?

☐ End of Process	☒ Pretreatment Effluent	☐ Total Flow
☐ Combined Flow	☐ Metered Flow	☐ Flow Actuator
☐ Private Manhole	☐ Utility Manhole	☐ Advance Notice Required
☐ Safety Hazards Identified	☐	☐

Is the Sample Collection Site Adequate?	☐ Yes ☐ No ☐ N/A
Does the facility rep. request a split sample on this sampling/inspection?	☐ Yes ☐ No
Does the facility perform self-monitoring tests in-house?	☐ Yes ☐ No ☐ N/A

If no, record the name and address of Contract Lab: American Interplex

Automatic Sampler ☐ or Manual ☒

IU Self-Monitoring Results reviewed:	☐ Yes ☐ No ☐ N/A
Is the Contract Lab certified by ADEQ for test parameters?	☒ Yes ☐ No ☐ N/A
Dates and Times of Sample Analysis Recorded?	☒ Yes ☐ No ☐ N/A
Correct Methods Used for Test Analysis (Refer To 40CFR Part 136)	☒ Yes ☐ No ☐ N/A
EPA recommended holding times being met (Refer to 40CFR Part 136)	☒ Yes ☐ No ☐ N/A
Chain of Custody Records for Self-Monitoring Samples Reviewed	☐ Yes ☐ No ☐ N/A
Were correct Sample Types Collected	☐ Yes ☐ No ☐ N/A
Dates and times of Sample Collection Recorded?	☒ Yes ☐ No ☐ N/A
Were Samples preserved correctly (refer to 40CFR Part 136)	☒ Yes ☐ No ☐ N/A
Were Self Monitoring records on file for past 3 years?	☒ Yes ☐ No ☐ N/A

List the parameters the facility monitors and the frequency:

☒ Cd(t)	☒ Cu(t)	☒ Cr(t)	☒ Ni(t)	☒ Pb(t)
☒ Ag(t)	☒ Zn(t)	☐ pH	☒ CN^-(t)	☐ CN^-(a-c)
☐ TTO-Vol	☐ TTO-B/N	☐ TTO-A.E.	☐ TTO-Pest	☐ Cr(hex)
☐	☐	☐	☐	☐

Toxic Organic Management Plan (TOMP) for Metal Finishers under CFR 433

How does the IU report TTO? ☐ Analysis ☒ Certification Statement

Does the facility have a Toxic Organic Management Plan? ☒ Yes ☐ No ☐ N/A

If yes, Does the plan show how toxic organics are used, stored, and disposed? ☒ Yes ☐ No ☐ N/A

List the date of the last revision to the TOMP: 8-23-05

Is the TOMP being followed as written? ☒ Yes ☐ No ☐ N/A (If no, provide explanation in comments.)

If no, is there evidence that a TOMP is needed? ☐ Yes ☐ No ☒ N/A (If yes, provide description of evidence in comments.)

Comments: