RCRA

182877

EPA ID# IAD 051 001337

REGION VII MULTIMEDIA SCREENING CHECKLIST

NA = Not Applicable

(Tetra Tech)

Facility: Brown Traffic Products, Inc.
Address: 736 Federal St.
Davenport, IA 52803
County: Scott Section: _____
Township: _____ Range: _____

Facility Ownership: Brown Traffic Products, Inc.
Facility Contact: David Schiltz
Phone: (319) 323-0009 SIC code: 3449
Net Annual Sales Volume at that Location ($): 5-10 M
Number of Employees: 49 Work Schedule/Hrs: Normal

Inspector: Jack Brunner
Primary Media: RCRA
Date: 1/27/98

1. Does the facility have permits or registrations in any of the following areas? [F=Federal, S=State, L=Local]
   ( ) CWA: __Pretreatment, __NPDES, __404-Wetlands ( ) UIC ( ) UST ( ) PWS ( ) RCRA ( ) TRI ( ) CAA ( ) Other
   Describe: NA
2. What are the business, manufacturing or service activities at the facility? Assembly of traffic signals and controller cabinets
3. What raw materials and fuels are used by the facility? Cutting oil and lubricating (water soluble) oil
4. Provide brief process description: Assembly of traffic signals and controller cabinets.
5. What major process operations are used? ( ) blending ( ) mixing ( ) reacting ( ) distilling ( ) filtering ( ) separating
   ( ) formulating ( ) degreasing: __water based, __halogenated solvent based, __non-halogenated solvent based ( ) combustion
   ( ) coating: __water based, __solvent based ( ) machining ( ) fabricating ( ) assembly ( ) printing ( ) laboratory analysis
   ( ) electroplating: __chrome ( ) electroless plating ( ) Other NA
6. Provide a general description of the wastes generated by the facility:

Waste Stream Name	Generation Process	Quantity Per/Month	Final Disposition of Waste	Is Waste Hazardous? No	Yes	Don't know
Used Cutting Oil	Changing cutting oil	<4 gal	Not disposed yet	(✓)	( )	( )
				( )	( )	( )
				( )	( )	( )
				( )	( )	( )
				( )	( )	( )

7. Description of surrounding area (access to children, public, economic condition): (✓) Industrial ( ) Business ( ) Residential ( ) Rural
   Potential environmental issues: _____

NPDES - National Pollution Discharge Elimination System. **PWS** - Public Water Supply. **UIC** - Underground Injection Control. **WETLANDS**

1. Where do the facility's wastewaters go?

		None	Treatment	Municipal Sewer	Septic	Injection Well	Surface Water	Storm Sewer	Land
(✔) Yes	Process Wastewaters	(✓)	( )	( )	( )	( )	( )	( )	( )
(P) Permitted	Non-Contact Wastewaters	(✓)	( )	( )	( )	( )	( )	( )	( )
(?) Don't know	Sanitary Wastewaters	( )	( )	(✓)	( )	( )	( )	( )	( )
	Other _____	(✓)	( )	( )	( )	( )	( )	( )	( )

   Comments: _____
2. Did you observe any wastewater discharges not mentioned above? (✓) No ( ) Yes Location of discharge: _____
   Appearance of discharge: _____
3. Where does the facility get its: Process water? (✓) City/Rural district ( ) Private well ( ) Pond ( ) River ( ) Other _____
   Drinking water? (✓) City/Rural district ( ) Private well ( ) Pond ( ) River ( ) Other _____
   Is public water source protected by backflow prevention device? ( ) No ( ) Yes (✓) Don't know
4. What is the source of drinking water for the area around the facility? (✓) Rural/Municipal source ( ) Private well ( ) Don't know
5. Are there any surface water bodies (ponds, streams, lakes, rivers) or temporarily wet areas that have been disturbed (filling, waste disposal, ditching, excavation, damming, dredging, etc.)? (✓) No ( ) Yes ( ) Don't know
   Describe/locate: _____

REC'D MAR 3 1998

CAA - CLEAN AIR ACT

1. Are there any non-steam/water vapor, visible smoke or dust emissions? (✓) No ( ) Yes Source: _____ Time: _____
2. Are there any fugitive emissions? (✓) No ( ) Yes Leaving property? ( ) No ( ) Yes Source: _____ Time: _____
3. In the past 2-3 years, has the facility modified or installed any new air emission points? (✓) No ( ) Yes

   Describe: _____
4. Are the facility's air conditioning, refrigeration, or motor vehicle air conditioning systems: ( ) Self-serviced? (✓) Contract Serviced? ( ) Both?

   Do the units contain: (✓) <50lbs. And/or ( ) > 50 lbs. of refrigerant? Service Company Name: Varies

RCRA - RESOURCE CONSERVATION AND RECOVERY ACT & **UST's** - UNDERGROUND STORAGE TANKS

1. Does the facility conduct or have any of the following on-site waste management activities? ( ) Treatment ( ) Burning ( ) Landfills

   ( ) Surface impoundments ( ) Storage ( ) Recycling - Are recyclables stored more than one year? ( ) No ( ) Yes
2. Is a wastewater sludge generated ? (✓) No ( ) Yes Is it hazardous? ( ) No ( ) Yes ( ) Don't know

   Where does the sludge go? ( ) Hazardous waste disposal site ( ) Off-site landfill ( ) On-site landfill ( ) Land applied
3. Does the facility generate used oil? ( ) No (✓) Yes Are the containers labeled "Used Oil"? (✓) No ( ) Yes
4. Did you observe any hazardous waste containers or tanks which were leaking, open, or not labeled? (✓) No ( ) Yes

   Describe: _____
5. Are there any signs of past spills or releases (dead/stressed vegetation, stains, discoloration)? (✓) No ( ) Yes

   Describe: _____
6. Does the facility have any underground storage tanks that contain petroleum products? (✓) No ( ) Yes
7. Do any of the chemical, industrial, or hazardous waste handling procedures concern you? (✓) No ( ) Yes

   Describe: _____

TITLE III - EPCRA - EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW ACT & **SECTION 5 TSCA** - TOXIC SUBSTANCES CONTROL ACT

1. Have Toxic Chemical Release Forms (Form R's) been submitted under Section 313 of EPCRA? (✓) No ( ) Yes [must have > 10 employees]
2. Have hazardous chemical inventory forms (Tier II forms) ever been submitted under Section 312 to local Emergency Planning Committees or fire department? ( ) Yes (✓) No If no, describe gross storage volumes, and type of chemicals stored: Fire department inspections every 6 months
3. Does the facility import or manufacture a chemical substance? (✓) No ( ) Yes

   Describe type and intended use: _____

PCB's - POLYCHLORINATED BIPHENYLS & **SPCC** - SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN

1. Does facility have any equipment in service that contains PCB's at > 500 ppm, that is leaking or not labeled? (✓) No ( ) Yes ( ) Don't Know
2. Does facility have any equipment in storage that contains PCB's at > 50 ppm, that is leaking or not labeled? (✓) No ( ) Yes ( ) Don't know
3. Does the facility have above ground tanks that store petroleum, synthetic, animal, fish, or vegetable oil, in a single tank > 660 gallons or tanks with an aggregate volume > 1320 gallons, that are or show evidence of recent leaks into waters of the state? (✓) No ( ) Yes

   Describe: _____

FIFRA - FEDERAL INSECTICIDE, FUNGICIDE, AND RODENTICIDE ACT

1. Does the facility manufacture, repackage, or apply pesticides? (✓) No - STOP HERE ( ) Yes

   Are rinsates handled in an environmentally sound manner? ( ) No ( ) Yes Describe: _____
2. Do workers use personal protective equipment (gloves, long sleeve shirts, coveralls) when mixing/loading? ( ) No ( ) Yes

   Describe: _____

Please note any photo's taken to document potential problems.

CFC: STATIONARY SOURCES 608 SCREENING CHECKLIST

EPA ID # IAD051041337

DATE: 1/27/98

ACTIVITY #: _____

FACILITY: Brown Trotter Products, Inc.

INSPECTOR: Jack Runner - Tetra Tech

ADDRESS: 736 Federal Street
Davenport, IA 52803

OWNER/OPERATOR NAME: Same

CONTACT NAME: David Schilte

TELEPHONE #: 319/323-0009

1. Does facility have refrigeration/AC units containing greater than 50# CFC/HCFCs?

   Yes___ No___ Don't know ✓

2. How does facility determine full charge (Check all that apply):

   a. Measure___ b. Calculate___ c. Manufacturer's info___ d. Other Contractor

3. Facility units classification: (Check all that apply)

   _____Commercial (i.e. supermarkets, restaurants, cold storage, typically >75#)

   _____Industrial (i.e. chemical, manufacturing industries, industrial ice machines)

   ✓ Comfort cooling

   _____Other: Specify_____

4. Who does service, maintenance and repair of units? In-house___ Contracted ✓

   If contracted: Name Various Phone_____

   Address_____

   _____

NA

5. Does the facility have recovery/recycling unit? Yes___ No___ NA___

   Type _____Brand_____

   Model_____Serial number_____

   a. Is recovery/recycling unit compatible with appliance and refrigerant?

      Yes____ No____

      (Check label, get photograph if possible) See labeling requirement @82.158(h).

   b. Has facility submitted recovery/recycling equipment certification form to EPA?

      Yes____ No____

   c. Does facility have copy of certification?

      Yes____ No_____

REC'D MAR 3 1998

cfccklt:4/22/96

SECTION 608 INSPECTION SCREENING CHECKLIST
Recycling/Recovery and Emissions Reduction Program

1. Date of Inspection: 1/29/98 Time of Inspection 1530

2. Business/Facility Name: Bram TrolAir Products, Inc.

3. Business/Facility Address: 736 Federal Street
Davenport, IA 52803

4. Telephone: 319 / 323 - 0009

5. Name and Title of Person in Charge: David Shiltz, President

6. Business/Facility Description:

NA

____ AC Service/Repair Contractor
____ Home HVAC ____ Industrial
____ Appliance Service and/or Repair
____ Appliance Sales & Distribution
____ Equipment, Parts & Supplies

____ Other: Describe_____

7. For appliances containing refrigerant, does business/facility:

a) service, maintain, and repair____ Yes ____ No

b) dispose ____ Yes ____ No

c) sell ____ Yes ____ No

8. If yes to any in number 7, check types of equipment that apply:

a)____ Household Appliances b)____ Other

9. Are technicians certified by an accredited program?

____Yes ____No ____No. Certified

10. Recovery/Recycling Equipment Information:

a) Is Recovery/Recycling Equipment present? ____Yes ____No

b) Model and Serial Number:_____

_____

11. Inspector Name Jack Brunner - TetraTech

12. Inspector Signature _____

Comments_____

_____

_____

_____

(Section 608 Inspection Checklist/Revised 4/97)

SECTION 609 INSPECTION SCREENING CHECKLIST
MOTOR VEHICLE AIR CONDITIONING RECOVERY/RECYCLING
COMPLIANCE PROGRAM

Inspector's Name: Jack Brunner - TetraTech	Date: 1/27/98 Time: 1530
Name of Facility: Brown Trotter Products, Inc.	Phone Number (319) 323 - 0009
Facility STREET Address: City: State: zip code:	Facility MAILING Address: City: State: zip code:
Contact Person & Position	Phone Number ( ) -
Owner:	Phone Number ( ) -

FACILITY DESCRIPTION:

Reg/Natl. Service Chain:		Dealership:		
Independent Shop:		Filling Station:		
Fleet Garage:		Other		
Does Your Business Service Motor Vehicle Air Conditioners:		YES --	NO --	
Is Recovery or Recycling Equipment Present?		YES --	NO --	
Equipment Label	NONE	UL	ARI	ETL
Are all A/C Technicians Certified by an Accredited Program and Proof of Certification Available on Site:		YES --	NO --	
Number of Technicians Certified		#		
Did Inspector Observe A/c Work in Progress?		YES --	NO --	
Did Inspector Observe Venting of Refrigerant?		YES --	NO --	

COMMENTS:

Not Applicable

Facility Representative (print)	Signature/Date
Inspector (print) Jack Brunner - TetraTech	Signature/Date 1/27/98

revised: July 25, 1997 curry:pks