FILE: INSP

EVALUATION - VIOLATION - ENFORCEMENT FORM

07/97 VERSION

Handler ID Number: PAD982679169

RCRA Non-Notifier: YES [ ] NO [X]

If YES, the handler section must be completed.

Handler Name: BRAUN B MEDICAL INC

Street: 901 MARCON BLVD

City: ALLENTOWN **State:** PA **Zip Code:** 18103

County or County Code: Lehigh **Contact:**

UNIVERSE CHANGE REQUIRED YES [ ] NO [X] or Indicate Universe Status of the RCRA Non-Notifier:

I. Indicate the facility's current Universe(s): LQG

II. Indicate the new RCRIS Generator Universe:
LQG [ ] SQG [ ] CEG [ ]
NON-HANDLER [ ] CLOSED [ ]

NOTE: All TSD activities changes must be handled by the state data coordinator and cannot be made using this form!

III. Indicate the new transporter status :

Transporter [ ]
You must check at least one of the boxes
Mark Mode of Transportation
[ ] Air [ ] Water
[ ] Rail [ ] Other
[ ] Highway

Non-Transporter [ ]
Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste.

EVALUATION Add [X] Change [ ] Delete [ ]

Date	Number	Agency	Type	Reason	Branch	Person
01/30/02		S	CSE			PACPIR

AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable)

GGR E	GSC	TWD	DGW	DOR	DWP	BRR	FEA	
GLB	GSQ	DCH	DLB	DPB	DIN	BPS	CSS	
GMR	GEX	DCL	DLF	DPP	DIA	BIS	UOR	
GOR	TGR	DCP	DLT	DSI	DPS	BCE	SCC E	
GPT	TMR	DFR	DMC	DTR	DOP	BDT		
GRR	TOR	DGS	DMR	DTT	DMI	CAS		

Comments

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION

Agency	Number	Area	Date Determined	Agency	Number	Area	Date Determined

VIOLATION Add [X] Change [ ] Delete [ ] Link to Above Evaluation? (Y/N)

Agency	Number	Area	Class	Regulation Type	Regulation Citation
S	0001	GGR			

Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Returned to Compliance Actual
02/20/01			PARAB	01/30/02	01/30/02

Comments VIOLATION CORRECTED

[ ] Required [ ] Required if pertinent [ ] Required only for previously reported data [ ] Not Required by EPA

Handler ID Number	Handler Name
PAD982679169	BRAUN B MEDICAL

07/97 VERSION

VIOLATION Add [X] Change [ ] Delete [ ] Link to Above Evaluation? (Y/N) [X]

Agency	Number	Area	Class	Regulation Type	Regulation Citation
S	0002	GGR			

Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Returned to Compliance Actual
022001			PARAB	013002	013002

Comments: VIOLATION CORRECTED

VIOLATION Add [X] Change [ ] Delete [ ] Link to Above Evaluation? (Y/N) [Y]

Agency	Number	Area	Class	Regulation Type	Regulation Citation
S	0003	GGR			

Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Returned to Compliance Actual
022001			PARAB	013002	013002

Comments: VIOLATION CORRECTED

VIOLATION Add [X] Change [ ] Delete [ ] Link to Above Evaluation? (Y/N) [Y]

Agency	Number	Area	Class	Regulation Type	Regulation Citation
S	0004	GGR			

Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Returned to Compliance Actual
022001			PARAB	013002	013002

Comments: VIOLATION CORRECTED

ENFORCEMENT Add [ ] Change [ ] Delete [ ]

Date	Number	Agency	Type	Branch	Person	Attorney Initials

Docket Number

Penalty Type	Penalty Amount
	$
	$

NOTE: To record activities for Supplemental Environmental Projects (SEPs) or to add penalty payment information, use the Supplemental Enforcement Form.

Multimedia Enforcement Codes (Place an 'X' next to all that apply)

- [ ] AIR
- [ ] EPCRA
- [ ] FIFRA
- [ ] SPCC
- [ ] TSCA PCB
- [ ] UST
- [ ] UIC
- [ ] WATER
- [ ] WETLANDS

Comments

VIOLATIONS COVERED BY ABOVE ENFORCEMENT ACTION

Agency	Number	Area	Date Determined	Agency	Number	Area	Date Determined

01/97 VERSION

ADDITIONAL VIOLATIONS FORM

PLEASE ATTACH TO EVALUATION - VIOLATION - ENFORCEMENT FORM

Handler ID Number	Handler Name
PAD982679169	BRAUN B MEDICAL

VIOLATION Add X Change ___ Delete ___ Link to Above Evaluation? (Y/N) X

Agency	Number	Area	Regulation Type	Regulation Citation
S	0005	GGR		

Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Returned to Compliance Actual
022001			PARAB	013002	013002

Comments VIOLATION CORRECTED

VIOLATION Add X Change ___ Delete ___ Link to Above Evaluation? (Y/N) X

Agency	Number	Area	Regulation Type	Regulation Citation
S	0006	GGR		

Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Returned to Compliance Actual
022001			PARAB	013002	013002

Comments VIOLATION CORRECTED

VIOLATION Add X Change ___ Delete ___ Link to Above Evaluation? (Y/N) X

Agency	Number	Area	Regulation Type	Regulation Citation
S	0007	SCC		

Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Returned to Compliance Actual
022001			PARAB	013002	013002

Comments VIOLATION CORRECTED

VIOLATION Add X Change ___ Delete ___ Link to Above Evaluation? (Y/N) X

Agency	Number	Area	Regulation Type	Regulation Citation
S	0008	GGR		

Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Returned to Compliance Actual
022001			PARAB	013002	013002

Comments VIOLATION CORRECTED

VIOLATION Add ___ Change ___ Delete ___ Link to Above Evaluation? (Y/N) ___

Agency	Number	Area	Regulation Type	Regulation Citation

Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Returned to Compliance Actual

Comments