EPA ID Number	Handler Name
MDD 0032 15493	Eastern Plating

VIOLATIONS SECTION
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	265.I	F	12/11/07	A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Weekly Inspection

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — *If Yes, fill in information below*

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 265.174		

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	265.B	E	12/11/07	A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Training

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — *If Yes, fill in information below*

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 265.16		

VIOLATION ☐ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☐

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
				A RTC Qualifier is required if entering an Actual RTC Date.	

Notes:

LINK CITATIONS TO ABOVE VIOLATION? YES ☐ NO ☐ — *If Yes, fill in information below*

Citation Type	Citation	Citation Type	Citation

FEDERAL FACILITY SECTION (*Fill out if EPA Owned Inspection at Federal Facility*)

YES ☐ NO ☐ RCRA 6002 inspection performed?
YES ☐ NO ☐ Site given RCRA 6002 questionnaire?
YES ☐ NO ☐ Inspector questionnaire completed and mailed?

*Required Fields

EPA ID Number	Handler Name
MD 006321545 3	Eastern Plating

VIOLATIONS SECTION
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	E	12/11/07	A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Labeling Sat. Containers

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — *If Yes, fill in information below*

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 262.34(C)(1)(ii)		

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	265.I	E	12/11/07	A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Open ~~Satellite~~ Containers

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — *If Yes, fill in information below*

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 265.173(a)		

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.A	E	12/11/07	A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Waste Determination / Illegal Disposal

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — *If Yes, fill in information below*

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 262.11		

FEDERAL FACILITY SECTION (*Fill out if EPA Owned Inspection at Federal Facility*)

YES ☐	NO ☐	RCRA 6002 inspection performed?
YES ☐	NO ☐	Site given RCRA 6002 questionnaire?
YES ☐	NO ☐	Inspector questionnaire completed and mailed?

*Required Fields

EPA ID Number	Handler Name
MPD063215453	Easton Plating

VIOLATIONS SECTION
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.A	E	12/11/07	A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: G.T. 90 day storage

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — *If Yes, fill in information below*

Citation Type	Citation	Citation Type	Citation
FR	40 cfr 262.34(a)		

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	E	12/11/07	A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Lacking H.W. containers

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — *If Yes, fill in information below*

Citation Type	Citation	Citation Type	Citation
FR	40 cfr 262.34(a)(3)		

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	E	12/11/07	A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Dating H.W. Containers

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — *If Yes, fill in information below*

Citation Type	Citation	Citation Type	Citation
FR	40 cfr 262.34(a)(2)		

FEDERAL FACILITY SECTION (*Fill out if EPA Owned Inspection at Federal Facility*)

YES ☐	NO ☐	RCRA 6002 inspection performed?
YES ☐	NO ☐	Site given RCRA 6002 questionnaire?
YES ☐	NO ☐	Inspector questionnaire completed and mailed?

*Required Fields

May 2006

RCRAINFO CM&E EVALUATION – VIOLATION FORM

*EPA ID Number	MD D063215153				
Handler Name	Eastern Plating				
Street	1200 South Baylis St				
City	Baltimore	State	MD	Zip Code	21224

*EVALUATION ☒ Add ☐ Update ☐ Delete — *You must provide an Evaluation Identifier (also known as the Sequence Number).*

*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
		12/11/07	E	SLP	WM

Day Zero (mm/dd/yyyy): *You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.*

Reclassified SV Date: *Only applicable for SNY evaluation type as appropriate.*

Notes:

Evaluation Indicator Field *(Check all that apply)*

☐ Citizen Complaint ☐ Multimedia Inspection ☐ Sampling ☐ Not Subtitle C

Focused Coverage Areas (Use Only for Evaluation Type FCI)

Regulation-Specific FCI

BIF ☐ CCI ☐ CFI ☐ INC ☐ LDR ☐ PTB ☐ PTX ☐

THI ☐ UIC ☐ UOI ☐ UWR ☐ OTHER (specify): _____

Routine/Standardized FCI

CAR ☐ CPC ☐ DOS ☐ EMR ☐ IEI ☐ ISI ☐ RTI ☐

Does this Evaluation Add/Delete/Update a Violation?	YES ☐ NO ☐	***If Yes, fill in the Violations Section(s) on page 2 of this form.***
Does this Evaluation have Undetermined Violations?	YES ☐ NO ☐	
Does this Evaluation link to a Commitment?	YES ☐ NO ☐	***If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.***
Does this Evaluation link to a 3007 Request?	YES ☐ NO ☐	***If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.***
Was this Evaluation completed at a Federal Facility? (RCRA Section 6002)	YES ☐ NO ☐ If **YES**, the Federal Facility Section (on reverse side of this form) must be completed. ***Only applicable to EPA Owned Inspections (Responsible Agency = E) at Federal Facilities***	

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES ☐ NO ☐ ***If Yes, fill in information below.***

Seq. No.	Agency	Type	Date Determined (mm/dd/yyyy)	Seq. No.	Agency	Type	Date Determined (mm/dd/yyyy)

*Required Fields

FY 2004 EPA MANUAL INSPECTION CONCLUSION DATA SHEET (ICDS) FORM

Instructions and Definitions for Completing the Information Follow

1. **Region:** 3 Facility Name/Location: [illegible]
1200 South Hughes St. Baltimore, MD 21224

2. **General Facility Permit ID or Media-Specific Permit ID number (e.g. NPDES permit #):** MD0032159

3. **SIC (4-digit)** ☒ ☒ ☐ ☐ OR **NAICS Code (5-digit):** ☐ ☐ ☐ ☐ ☐

4. **Date of Inspection:** 12/11/04 (mm/dd/yyyy)

5. **Media Type (check one only)**
CAA-Stationary ☐ CWA-NPDES ☐ GLP ☐ TSCA Lead Paint ☐ CAA 112r ☐
CAA-Mobile Sources ☐ RCRA ☒ UST ☐ TSCA core, PCBs, asbestos ☐

6. **Deficiencies:** Did you observe deficiencies during inspection? ☒Yes ☐No *[N/A is not allowed]*
a. If YES, go to #7
b. If NO, go to #9

7. **If YES**: Did you communicate the deficiencies to the facility during the inspection? ☒Yes ☐No

8. **Actions Taken:** Did you observe or see the facility take any actions during the inspection to address the deficiencies communicated? ☐ Yes ☒No *[N/A is not allowed]*
a. If NO, go to #9
b. If YES, check the action(s) taken, or describe any other actions taken. *(Check all that apply)*

Action(s) taken

____ Verified compliance with previously issued enforcement action -part or all conditions
____ Corrected recordkeeping deficiencies
____ Corrected monitoring deficiencies
____ Completed a notification or a report
____ Requested a permit application
____ Implemented new or improved management practices or procedures
____ Improved pollutant identification (e.g., labeling, manifesting, storage, etc.)
____ Reduced pollution (e.g., use reduction, industrial process change, emissions or discharge change, etc.). ***Specify the pollutant(s) reduced only if this action is checked.***.

Water: Ammonia ☐ BOD ☐ COD ☐ TSS ☐ O/G ☐ TC ☐ DO ☐ Metals ☐ CN ☐

Air: NOx ☐ SO2 ☐ PM ☐ VOC ☐ Metals ☐ HAPs ☐ CO ☐

List other actions observed or other pollutants reduced: _____

9. **Assistance:** Did you provide *general* assistance based on national policy? Yes ☒ No ☐
Did you provide *site-specific* assistance based on national policy? ☒Yes ☐No
Note: EPA inspectors are **not required** to provide compliance assistance.

Optional Information: Describe actions taken or assistance provided to assist the facility.

_____

_____