

RCRA PART B PERMIT
FOR THE
IDAHO NATIONAL LABORATORY

Volume 22
Idaho Nuclear Technology and Engineering Center

Calcined Solids Storage Facility

Attachment 4 - Section F-2
Inspection Schedule

Revision Date: September 21, 2012

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Appendix F-1. Inspection Schedule and Examples of Forms for CSSF

F-2. Inspection Schedule

F-2a. General Inspection Requirements [IDAPA 58.01.05.012 and 58.01.05.008; 40 CFR 270.14(b)(5), 264.15(a) and (b), 264.33, and 264.195]

1 The schedules for inspecting equipment vital in preventing, detecting, and responding to
2 environmental or human health hazards are summarized in Appendix F-1. Results of inspections are
3 recorded on the appropriate inspection forms or operating logs. Examples of inspection forms are also
4 included in Appendix F-1. Copies of inspection records are placed in the appropriate RCRA inspection
5 logs and are readily available at INTEC. These inspection records include the time and date of the
6 inspection, the printed name and signature of the inspector, a notation of observations made, and the date
7 and nature of any repairs or other remedial actions. The inspection forms show the inspections,
8 frequencies, and responsibilities. Examples of these forms are provided in Appendix F-1. Other, similar
9 forms containing the same substantive information may be used to document these inspections.

F-2a(1) Types of Problems [IDAPA 58.01.05.008; 40 CFR 264.15(b)(3)]

11 The inspection schedule in Appendix F-1 list types of problems looked for during inspections.

F-2a(2) Frequency of Inspection [IDAPA 58.01.05.008; 40 CFR 264.15(b)(4), (c), and (d)]

14 The frequency of inspections or observations, and the inspecting organization are listed in the
15 schedule in Appendix F-1.

16 If a problem is found during an inspection, it is reviewed and confirmed by applicable supervision
17 or system engineer and appropriate actions are taken. Environmental and facility personnel will work
18 together to decide whether a remedial action is required, and plan the required action as necessary.
19 Remedial actions are documented.

20 In those cases where an off-normal operational event (such as a ventilation upset and potential
21 radioactive contamination) prevents access to an area where inspections are performed, a RCRA remedial
22 will be opened and the remedial will be noted in the spaces on the inspection forms where the inspections
23 or readings would normally be recorded. The RCRA remedial will be closed and inspections resumed, as
24 soon as the upset conditions have been corrected and the area released for re-entry.

F-2b. Specific Process Inspection Requirements

F-2b(2) Tank System Inspection [IDAPA 58.01.05.008; 40 CFR 264.195 and 40 CFR 264.196]

Inspections of the tank systems will be performed using a remote camera in accordance with the schedule in Appendix F-1. The inspections will consist of visual observation via camera of the accessible portions of the exterior of the tanks for leaks, corrosion, and deterioration of tanks and vaults. The results of these inspections are documented in the facility's inspection records. The records are readily available at INTEC. The inspections will be recorded on inspection forms.

F-2b(2)(a) Certification for Tank Repairs [IDAPA 58.01.05.008; 40 CFR 264.196(f)]

If major repairs are made to the tank systems addressed in this permit, the repairs will be certified by an independent, qualified, registered professional engineer (PE).

F-2b(2)(b) Tank System External Corrosion and Releases [IDAPA 58.01.05.008; 40 CFR 264.195(b)(1)]

The bins are contained in vaults that are constructed of concrete. The associated ancillary equipment is also within concrete containment.

The bins are monitored using instrumentation to detect leaks from the system. Confined spaces and radiation levels prevent visual inspections of these items on a daily basis. Inspections of the vaults are conducted in accordance with the schedule in Appendix F-1. Additional inspections via remote camera for bin sets 1 through 6 and a manned entry inspection of bin set 7, will be completed within 6 months after a significant earthquake (defined as a magnitude of 4.5 or greater on the Richter scale, as measured on the INL facility).

The aboveground portions of the tank system that can be inspected include the roofs of the bin set vaults, for bin sets 1 through 3 the earthen berms, and for bin sets 4 through 7 the exterior walls of the vaults. These portions are inspected for deterioration, spalling, or staining as appropriate. These inspections will be performed per the inspection schedule in Appendix F-1.

1 | **F-2b(2)(d) Tank System Overfilling Control Equipment**
2 | **[IDAPA 58.01.05.008; 40 CFR 264.195(a)]**

3 Sump levels and CAM alarms are monitored on the Distributed Control System at the NWCF
4 except for Bin Set 4. If there is a spill, leak, or process parameter outside of its normal range, an operator
5 investigates, and notifies supervision.

6 For Bin Set 4, the sump level and CAM indicators and alarms are monitored locally in the
7 instrument building (CPP-658). An increased sump level or alarm would be noted during daily
8 operational readings.

9 The RCRA-mandated overfill and leak detection inspections are accomplished by monitoring
10 process instrumentation that detects spills or leaks within a vault (see Appendix F-1 for inspection forms).

11 **F-2b(2)(e) Tank System Monitoring and Leak Detection Equipment**
12 **[IDAPA 58.01.05.008; 40 CFR 264.195(b)(2)]**

13 The bin sets are equipped with CAMs to detect loss of bin containment. Any loss of containment
14 would result in radioactive materials being suspended in the vault air that would be detected by the
15 CAMs.

16 The RCRA-mandated overfill and leak detection inspections are accomplished by monitoring
17 process instrumentation that detects spills or leaks within a vault (see Appendix F-1 for inspection forms).

18 **F-2b(2)(g) Tank Condition Assessment [IDAPA 58.01.05.008;**
19 **40 CFR 264.195(b)(1)]**

20 Bins and vaults are inspected or monitored for spills by monitoring the CAMs. In addition, a tank
21 system integrity assessment titled *The Tank System Integrity Assessment for the Calcined Solids Storage*
22 *Facility Bin Sets at the Idaho Nuclear Technology and Engineering Center*, prepared and certified by
23 Jason Associates Corporation (see Appendix B in Section D of the permit application), has determined
24 that the calcine storage bins are adequately designed and have sufficient structural strength and
25 compatibility with the wastes being stored to protect human health and the environment. The bin sets are
26 not visually inspected on a daily basis due to confined spaces and high radiation levels.

**Appendix F-1. Inspection Schedule and Examples of Forms for the
CSSF**

CSSF INSPECTION SCHEDULE

Equipment Inspection	Types of Problems or Observations	Frequency	Inspecting Organization
MONITORING EQUIPMENT INSPECTION – To ensure tank system is operating according to design			
Distributive Control System (DCS) Data for Sump Levels, CAMs	Operating, Not Alarming	Continuously	Shift Operations
CSSF #4 Local Sump and CAM instrumentation	Operating, Not Alarming	Daily	Shift Operations
CAMs Data	Operating, Not Alarming	Daily	Shift Operations
FIRE PROTECTION SYSTEM INSPECTIONS			
Portable Fire Extinguishers*	Physical damage, charge, accessibility and sealed	Monthly	Shift Operations
EMERGENCY EQUIPMENT INSPECTIONS			
Plant Voice Paging and Evacuation Alarm System	Operation, Coverage	Monthly	Plant Utilities/Operations
Communications Devices/Building Paging System	Operation at each Bin Set	Daily	Shift Operations
OPERATING AND STRUCTURAL EQUIPMENT			
Access warning signs	Warning signs in place – inside the INTEC facility	Weekly	Shift Operations
	Warning signs in place – INTEC perimeter fence and guard gates	Semiannually	Shift Operations
External and accessible portions of the vaults and ancillary equipment*	Deterioration, release of waste	Daily	Shift Operations
Area immediately surrounding the externally accessible portions of the piping*	Detect erosion, signs of a release	Daily	Shift Operations
Inside the vaults of Bin Sets 1 through 3 (via camera)	Deterioration, release of waste	Every fifth year	Shift Operations
Complete inspection of Bin Set 7 (vault entry)	Deterioration	Annually	Shift Operations
Inside the vaults of Bin Sets 4 through 6 (via camera)	Deterioration, release of waste	Every fifth year	Shift Operations

***NOTE:** CSSF 7 is not currently subject to daily inspections as it contains no waste, and fire extinguishers are not present.

RCRA CSSF TANK OVERFILL AND LEAK DAILY FACILITY INSPECTIONS

Area/Item	Normal Condition	Off Spec. Condition	Thur	Fri	Sat	Sun	Mon	Tues	Wed
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Solids Storage No. 5

CAM-WS5-02 Operating	Operating (Yes) (1)	Not Operating (No)	Yes/No						
CAM-WS5-02 alarm (5)	(Off or N/A) (2)	(On)	Off/On/N/A (2)						
L-WS5-1	0–20 in. WC	>20 in. WC							
L-WS5-1 air purge flow meters both indicate flow	Yes	No	Yes/No						
Signs in place? (3)	Yes	No						Yes/No	
Phone works?	Yes	No	Yes/No						
Inspect external and accessible areas of the vault and ancillary equipment. (4)(6)	No new visible deterioration or release of hazardous waste (No)	Either new visible deterioration or release of hazardous waste (Yes)	No/Yes						
Inspect externally accessible piping. (4)(6)	No visible erosion or release of hazardous waste (No)	Either new visible erosion or release of hazardous waste (Yes)	No/Yes						

Solids Storage No. 6

R-WS6-791-1 Operating	Operating (Yes) (1)	Not Operating (No)	Yes/No						
R-WS6-791-1 alarm (5)	(Off or N/A) (2)	(On)	Off/On/N/A (2)						
L-WS6-1	Normal	Hi Alarm	Normal/Hi						
Signs in place? (3)	Yes	No						Yes/No	
Phone works?	Yes	No	Yes/No						
Inspect external and accessible areas of the vault and ancillary equipment. (4)(6)	No new visible deterioration or release of hazardous waste (No)	Either new visible deterioration or release of hazardous waste (Yes)	No/Yes						
Inspect externally accessible piping. (4)(6)	No visible erosion or release of hazardous waste (No)	Either new visible erosion or release of hazardous waste (Yes)	No/Yes						

- (1) The CAM is operating if: (a) the MASTER ON light is lighted, (b) the yellow loss-of-signal light on top of the CAM is not lighted, (c) the flow rate indicated by the Photohelic on the side of the CAM is between the high and low flow rate setpoint indicators, and (d) the RCTs have not tagged the CAM as inoperable.
- (2) Circle "N/A" if the CAM is not operating.
- (3) "Danger-Unauthorized personnel keep out" signs.
- (4) Accessible areas, for this inspection, are those that do not require (a) entering posted radiation or contamination control areas, other than Radiological Buffer Areas, (b) climbing above or below normal operating access levels, or (c) entering confined spaces.
- (5) This is due to a High count rate.
- (6) Inspect areas adjacent to Bin Set vaults and ancillary equipment without removal of soil, snow, or other environmental media.
- (7) Inspect earthen berms from normally accessible areas without removal of snow or other environmental media.

RCRA CSSF VAULT INSPECTIONS

Signature/Date

Previous Inspection Checked (Initials): _____ Vault Inspected: _____ Date: _____ Time: _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials) _____

Equipment/Area Inspected	Types of Problems/Inspection Items	Observations	Nature of Any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions
Sump	Erosion, cracks, debris, settling, spills			
Sump jet	Steam leaks, debris			
Concrete floor	Cracks, deterioration, uneven settling, spills			
Concrete walls	Cracks, deterioration, settlement, paint			
Tank exteriors	Corrosion, erosion, leaks, discoloration, buckles, bulges			
Piping	Corrosion, erosion, leaks, loose or corroded connections			
Valves	Leaks (internal and external), corrosion			
Ladders	Corroded, damaged, poor structural stability			

Comments: _____

RCRA CSSF VAULT INSPECTIONS

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or Not Required; Shift Supervisor's Signature: _____

RCRA CPP-659 CALCINER/CSSF MONTHLY EMERGENCY EQUIPMENT, DCS ALARM FUNCTIONS, AND VALVE PL-122-5 CHECKS

 Signature/Date

Previous Month's Inspection Checked (Initials): _____ Date: _____ Time: _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous month's form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

CSSF Fire Extinguishers

Check for accessibility, physical damage, sealed, and gauge indication in green (if equipped).

Item	Location	Requirements Met		Problem(s) Found
		Yes	No	
1	SS I, Instrument Bldg.	Yes	No	
2	SS II, Instrument Bldg.	Yes	No	
3	SS III, Instrument Bldg.	Yes	No	
4	SS IV, Instrument Bldg.	Yes	No	
5	SS V, Roof	Yes	No	
6	SS V, Instrument Bldg.	Yes	No	
7	SS VI, Instrument Room	Yes	No	
8	SS VI, Roof	Yes	No	

NWCF Fire Extinguishers

Check for accessibility, physical damage, sealed, and gauge indication in green (if equipped) or red pop-up button down (if equipped).

Item	Location	Requirements Met		Problem(s) Found
		Yes	No	
9	Room 423 East wall	Yes	No	
10	Corridor 424 East wall	Yes	No	
11	Room 601 East wall	Yes	No	
12	Room 426 West wall	Yes	No	
13	Room 427 Southwest wall	Yes	No	
14	Room 430 North wall	Yes	No	
15	Room 432 Northwest wall (there are 2 at this location)	Yes	No	
16	Corridor 409 South wall	Yes	No	
17	Room 433 West wall	Yes	No	
18	Room 438 East wall	Yes	No	
19	Room 438 Southwest wall	Yes	No	
20	Room 439 South wall	Yes	No	
21	Corridor 401 East wall	Yes	No	
22	Room 318 Southeast wall	Yes	No	
23	Room 318 West wall	Yes	No	
24	Room 311 Northeast wall	Yes	No	
25	Room 310 Northeast wall	Yes	No	
26	Room 311 Northwest wall	Yes	No	
27	Room 312 South wall	Yes	No	
28	Room 317 North wall	Yes	No	
29	Room 201 South wall	Yes	No	
30	Room 201 Southwest wall	Yes	No	
31	Room 209 East wall	Yes	No	
32	Room 211 East wall	Yes	No	
33	Room 211 West wall	Yes	No	

RCRA CPP-659 CALCINER/CSSF MONTHLY EMERGENCY EQUIPMENT, DCS ALARM FUNCTIONS, AND VALVE PL-122-5 CHECKS

Item	Location	Requirements Met		Problem(s) Found
		Yes	No	
34	Room 212 Northeast wall	Yes	No	
35	Room 212 Northwest wall	Yes	No	
36	Room 217 Northeast wall	Yes	No	

Safety Showers/Eyewash Fountains

Check for leaks, accessibility, supply valve open, and that PM tag is current for the month being inspected.

Level	Location	Equipment No.	Requirements Met?	Problem(s) Found
	Room 427	SSW-NWCF-10 EFN-NWCF-10	Yes/No	
	Room 431	SSW-NWCF-14 EFN-NWCF-14	Yes/No	
	Room 429	SSW-NWCF-1 EFN-NWCF-1	Yes/No	
		SSW-NWCF-11 EFN-NWCF-11	Yes/No	
Second	Room 318	SSW-NWCF-7 EFN-NWCF-7	Yes/No	
	Room 312	SSW-NWCF-0 EFN-NWCF-0	Yes/No	
Third	Room 201	SSW-NWCF-8 EFN-NWCF-8	Yes/No	
	Room 211	SSW-NWCF-9 EFN-NWCF-9	Yes/No	

Stretchers

Level	Location	Stretcher in Location?	Problem(s) Found
First	Room 409 – North wall	Yes/No	
	Room 430 – South wall	Yes/No	
Second	Room 317 – South wall	Yes/No	
Third	Room 209 – South wall	Yes/No	

Spill Control Cabinets

Place “√” if minimum quantity (or greater) is present. Notify supervision of any usage so that cabinet can be restocked.

If seal no. is the same and the seal has not been broken, an inventory need not be taken.

Item	Minimum Quantity Required	Room 431	Room 317	Room 209
Non-rad acid suits (green) (1) (These are reusable)	6 pair			
Acid Boots (1)	6 pair (2> size 12)			
Rad Acid Suits (1)	6			
Acid Gloves (neoprene) (1)	12 pair			
Splash Goggles	4			
Plastic Buckets	2			
Spill Control Pillows	24			
Hazardous Material Pigs	12			
Hazardous Material Bags (1)	12			
Mop Handles	1			

**RCRA CPP-659 CALCINER/CSSF MONTHLY
EMERGENCY EQUIPMENT, DCS ALARM
FUNCTIONS, AND VALVE PL-122-5 CHECKS**

Comments: _____

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or Not Required;
Shift Supervisor's Signature: _____

RCRA LWFC CELL INSPECTIONS

Signature/Date

Previous Inspection Checked (Initial): _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

Facility: _____ Cell Inspected: _____ Date: _____ Time: _____

A full inspection of the cell will be conducted when the cell is initially entered. If the cell remains open for more than one day (24 hours), and cell conditions have not changed, a cell inspection will be performed using either Form INTEC-9123 or 9123A each day the cell is re-entered. If the cell remains open for 7 days or longer, then perform a full cell inspection every 7 days when entering the cell.

Equipment/Area Inspected	Types of Problems/Inspection Items	Observations	Nature of Any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions
Sump	Erosion, cracks, debris, settling, spills			
Sump jet	Steam leaks, debris			
Concrete floor (stainless lined)	Cracks, gaps, deterioration, uneven settling, spills			
Concrete walls (stainless lined)	Cracks, gaps, deterioration, settlement			
Concrete floor (epoxy painted)	Cracks, gaps, deterioration, uneven settling, spills, paint			
Concrete walls ⁽¹⁾	Cracks, deterioration, settlement, paint			
Tank exteriors	Corrosion, erosion, leaks, cracks, gaps, discoloration, buckles, bulges			
Piping	Corrosion, erosion, leaks, cracks, gaps, loose or corroded connections			
Valves	Leaks (internal and external), corrosion			
Cell door	Deterioration, corrosion, will not close			
Pumps (if any)	Corrosion, erosion, leaks, deterioration, loose connections			
Filter unit exterior	Deterioration, corrosion, bulges, buckles, leaks			

(1) The WL-161, Cell at INTEC-604 is known to have defects in the concrete walls above the stainless-steel liner. When this cell is inspected, compare the photos in EDF-6859, located on EDMS. If no change is noted, write NO CHANGE in the Observations section. No remedial actions will be necessary. If additional deterioration is noted, write this observation down and forward to the facility support engineer for further evaluation. Remedial action for this observation will be evaluated and repairs completed, if warranted.

RCRA LWFC CELL INSPECTIONS

Comments: _____

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Containerized Hazardous Waste Stored at Location?	Inspection if Waste is Stored at Location	Normal Condition	Off-Spec Condition	Inspection	Comments
Yes/No ⁽²⁾	Containers leaking?	No	Yes	No/Yes	
	Containers deteriorating?	No	Yes	No/Yes	
	Containers closed?	Yes	No	Yes/No	
	Hazardous liquids on floor?	No	Yes	No/Yes	
	Deterioration visible ⁽³⁾	No	Yes	No/Yes	

(2) Inspection is not required if containerized hazardous waste is not stored at location. Inspection is required on a weekly basis if containerized hazardous waste is stored at location.

(3) Inspect stainless steel containment liner on floor and walls for cracks, gaps, corrosion, and deterioration.

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or Not Required; Shift Supervisor's Signature: _____

ABBREVIATED RCRA CELL INSPECTION

 Signature/Date

Previous Inspection Checked (Initials): _____

Cell Inspected: _____ Date: _____ Time: _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous inspection form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table (Initials): _____

Equipment/Area Inspected	Types of Problems/Inspection Items	Observations	Nature of Any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions
Sump(s), floor, walls, exterior tank surfaces, piping, valves, and pumps that are visible, and waste containers ¹	Erosion, deterioration, cracks, settling, leaks, spills, debris, or corrosion			

- Abbreviated inspections may be performed by several means (e.g., cameras, observing the area through the cell entryway, walkthroughs, etc.). Walkthrough inspections completed by personnel performing work within the cell will be limited to those areas encountered while traversing between the cell entrance and the specific work location.

Containerized Hazardous Waste Stored at Location?	Inspection if Waste is Stored at Location	Normal Condition	Off-Spec Condition	Inspection	Comments
Yes/No ⁽²⁾	Containers leaking?	No	Yes	No/Yes	
	Containers deteriorating?	No	Yes	No/Yes	
	Containers closed?	Yes	No	Yes/No	
	Hazardous liquids on floor?	No	Yes	No/Yes	
	Deterioration visible ⁽³⁾	No	Yes	No/Yes	

- Inspection is not required if containerized hazardous waste is not stored at location. Inspection is required on a weekly basis if containerized hazardous waste is stored at location.
- Inspect stainless steel containment liner on floor and walls visible through shield window for cracks, gaps, corrosion, and deterioration.

ABBREVIATED RCRA CELL INSPECTION

Comments: _____

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Inspector's Name (Print) _____

Inspector's Signature _____

Inspection Completed:
Shift Supervisor's Signature _____

Remedial Actions
Completed or Not Required:
Shift Supervisor's Signature _____

RCRA LWFC MONTHLY VOICE PAGING/EVACUATION SYSTEM INSPECTIONS

Previous Inspection for this Facility Checked (Initials): _____ Date: _____ Time: _____

The Open RCRA Remedial Tracking Book Index for this form has been compared to the previous month's form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

NOTE 1: *The Voice Paging System and the Evacuation System use the same speakers.*

NOTE 2: *Use only one copy of this form as a "Master Copy." Ensure all areas checked are transferred to the Master Copy and keep a copy of the completed form at CPP-1683.*

Facility	Area Checked "√"(1)	Areas to Check	Requirements Met?(2)		Inspector's Initials
			Yes	No	
NWCF		All levels in the facility (including the Decon area)	Yes	No	
Waste Side		Tank Farm	Yes	No	
		CPP-604/605 (All levels in the facility)	Yes	No	
		LET&D (All levels in the facility)	Yes	No	
		CPP-1683	Yes	No	
CPP-1617		Areas in CPP-1617	Yes	No	
CPP-659		Plant Shift Supervisor (PSS) pager (2096 or most current number) and cell phone (521-0883 or most current number)(3)	Yes	No	
Solids Storage Facilities		Solids Storage Facilities I, II, III, IV, V, VI (4)	Yes	No	

- (1) Place a "√" in the "Area checked" column to indicate which area(s) was inspected; leave the other boxes blank. Only fill in the "Requirements Met" section for the area(s) inspected:
- (2) Requirements are met if the Voice paging/Evacuation System is operational and can be heard throughout the normally accessible area(s) inspected. If an area is a high noise area, the requirements are met if the visual alarms are operational.
- (3) Requirements are met if PSS pager and cell phone successfully receive test calls once a month. The inspector will verify the correct numbers and will note any changes in the comments section.
- (4) Requirements are met if the Voice Paging/Evacuation System is operational and can be heard throughout the Solids Storage Facilities area(s).

RCRA LWFC MONTHLY VOICE PAGING/EVACUATION SYSTEM INSPECTIONS

List areas where system is not operating properly (if any):

Area Where System is Not Operating Properly	Nature of any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions

Comments: _____

Open RCRA Remedials on this form:

Note: *The Open RCRA Remedial Tracking Index for this inspection form is maintained at CPP-1683.*

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or NOT Required;
 Shift Supervisor's Signature: _____