

**Tooele Army Depot-South Area
Attachment 2
Inspection Plan**

Inspection Plan [Utah Admin. Code R315-8-2.6]

1. Inspection Schedule [Utah Admin. Code R315-3-2.5(b)(5), Utah Admin. Code R315-8-2.6(b), Utah Admin. Code R315-8-5.3]

1.1 The Permittee shall inspect the permitted storage structures, equipment, and containers within Tooele Army Depot-South Area (TEAD-S or Facility) hazardous waste management units regularly and frequently according to a schedule designed to detect deterioration, tampering, malfunctions, and discharges that could cause a release of hazardous waste to the environment or pose a threat to human health. Most inspections shall be performed on a weekly basis unless operations or other circumstances indicate a different frequency of inspection. Inspection plans and schedules are found in Section 4 of this Attachment. Storage Area Inspection Log Sheets shall outline all areas that shall be inspected and provide inspection records. Inspection log sheets shall be found in Section 5 of this Attachment. Interior vapor inspections of the permitted storage structures shall be conducted on a weekly basis. Inspection records shall be maintained by the Permittee for a period of at least three years.

2.0 Types of Problems [R315-8-2.6(b)(3)]

2.1 Inspection of all permitted facilities, including 90-day storage areas and satellite accumulation sites (SASs), shall determine:

- 2.1.1 Integrity of doors, locks, fences, and warning signs;
- 2.1.2 Secondary containment breaches, cracked floors, excessive moisture in buildings;
- 2.1.3. Leaks or deterioration of containers;
- 2.1.4 Proper labeling, accumulation dates,;
- 2.1.5 Adequate aisle spacing, stability of containers; and
- 2.1.6 Presence of Personal Protective Equipment (PPE), fire extinguishers, spill control kits, and eye washes where required.

3.0 Frequency of Inspections [R315-8-2.6(b)(4)]

3.1 Frequency of facility inspections at the Facility shall be based on the rate of deterioration of the equipment and the probability of an environmental or human health incident if the deterioration, malfunction, or any operator error goes undetected between inspections.

3.2 The OB/OD Conex shall be inspected weekly. Containers shall be inspected weekly to meet the hazardous waste loading/unloading areas inspection requirements of Utah Admin. Code R315-8-9.5. Spill equipment and other contingency equipment shall be inspected weekly. Hazardous waste loading and unloading areas shall be inspected daily when in use. Section 3 of this Attachment contains inspection schedules.

3.3 Permitted igloos that are in use shall be inspected weekly for integrity of security features, proper secondary containment, building integrity, and spills. Lightning protection systems shall be inspected semiannually and tested biennially. The inspection log sheet for Area 10 igloos is provided in Figure 2-1.

3.4 Area 10 Igloos that store agent related wastes in containers shall be inspected weekly unless they are empty of hazardous waste. Containers shall be inspected weekly to meet the hazardous waste loading/unloading areas inspection requirements of Utah Admin. Code R315-8-9.5. Spill equipment and other contingency equipment shall be inspected weekly. Hazardous waste loading

and unloading areas shall be inspected daily when in use. Section 3 of this Attachment contains inspection schedules.

4.0. Specific Process Inspection Requirements [Utah Admin. Code R315-3-2.5(b)(5), Utah Admin. Code R315-8-2.6(b)]

4.1 Inspections for specific items are discussed in this section. Included are inspection descriptions for hazardous waste storage containers subject to Utah Admin. Code R315-8-22.

4.2 Container Inspections [Utah Admin. Code R315-8-9.5]

4.2.1 All hazardous waste containers shall be inspected weekly for corrosion, damage, spills, deterioration, and other conditions that could affect container integrity. In addition to examining the physical conditions of containers, all hazardous waste container inspections shall cover:

- 4.2.1.1 Facility operating record requirements,
- 4.2.1.2 Container labeling requirements,
- 4.2.1.3 Storage location requirements, and
- 4.2.1.4 Aisle space requirements.

5.0 Inspection Plans and Schedules

Table 2-1: Inspection Plan and Schedule for Area 10 Storage

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY	TYPES OF PROBLEMS	CORRECTIVE ACTION ¹
Storage Igloo⁴				
	Doors	Weekly	Verify that the only entrance to the igloo is locked when it is not in use.	I
	Locks	Weekly	Check locks to ensure that they are secured and in good condition.	I
	Spills	Weekly	Verify that no spills have occurred by looking for loose debris or liquid when applicable on container surfaces, pallets, and floor.	I
	Secondary Containment	Weekly	Verify that containers storing liquid waste are in overpacks or in drip pans. Verify that the overpacks or drip pans are not leaking.	I
	Building Integrity	Weekly	Ensure that the building is intact and that there are no structural defects.	I
Spill Equipment²				
	Contingency Plan ³	Weekly	Ensure that the Contingency Plan is present.	N
	Fire Extinguisher	Weekly	Verify that the fire extinguisher is present and the pressure gage shows the extinguisher to be operational. Verify the expiration date on the extinguisher charge has not past.	I

Table 2-1: Inspection Plan and Schedule for Area 10 Igloo Storage (Continued)

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY	TYPES OF PROBLEMS	CORRECTIVE ACTION ¹
Spill Equipment Cont'd	Communication Equipment	Weekly	Verify that communication equipment is present and is functional.	I
	Eye Wash	Weekly	Verify eyewash is functional and that the flow rate of water is sufficient.	I
	Absorbent Material	Weekly	Verify absorbent material is present and in a usable condition.	I
	Protective Equipment	Weekly	Ensure that all protective equipment is on hand and is in good condition.	I
	Overpacks	Weekly	Ensure that overpacks and other cleanup equipment are available if required.	I

Table 2-1: Inspection Plan and Schedule for Area 10 Igloo Storage (Continued)

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY	TYPES OF PROBLEMS	CORRECTIVE ACTION ¹
Containers				
	Operating Record	Weekly	Verify that all entries in the operating record are complete and up to date. Entries include: 1) a description (common name, hazardous waste numbers, physical form, and for characteristic wastes, the process that produced the waste) and quantity (weight, or volume and density) of each hazardous waste received and the methods (handling codes) and dates of its storage at Area 10. Verify the location of the waste within Area 10 and the quantity at each igloo. Verify that the records and results of waste analyses are present along with any summary reports and details of any incidents that required implementation of the contingency plan are present.	I
	Container Labels	Weekly	Verify that all containers are labeled with a yellow hazardous waste label and label subheadings are filled out	I
	Containers	Weekly	Ensure all containers in storage are: 1) not bulging, 2) not dented or creased, 3) uncorroded, and 4) not leaking.	I
	Storage Location	Weekly	Ensure that wastes received at the igloo since the last inspections are stored in a compatible manner.	I
	Aisle Space	Weekly	Ensure that there is a minimum of 2.5 feet of aisle space, 24 rows, 4 pallets per row, barrels are stacked no more than 2 high, and there are a maximum of or the equivalent of 4, 55-gallon drums per pallet.	I
Notes: 1. Corrective Action (If necessary): ‘I’ Initiate corrective action immediately. ‘N’ Initiate corrective action prior to next inspection. 2. All spill control equipment, with the exception of the overpacks, are available on the transport vehicle. 3. Contingency Plans will be available on the transport vehicle. 4. Igloos that are empty of hazardous waste containers will not be inspected weekly.				

**Table 2-2: Inspection Plan and Schedule for Open Burning/Open Detonation (OB/OD) Conex Storage and Building 4553
 Storage Vault**

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY ¹	TYPES OF PROBLEMS	CORRECTIVE ACTION ²
OB/OD Conex				
	Doors	Weekly	Verify that the only entrance to the OB/OD Conex is locked when OB/OD grounds are not in use.	I
	Lock	Weekly	Check the lock to ensure that it is secured and in good condition.	I
	Warning Signs	Weekly	Verify that warning signs are readable from a distance of 25 feet. The OB/OD Conex has one door and can only be accessed through it; therefore, the sign must be visible when the OB/OD Conex is approached.	I
	Leaks/Spills	Weekly	Verify that no releases to the environment have occurred by checking the interior dirt floor of the OB/OD Conex and the loading/unloading zone for discolorations due to a spill or leak from a reactive waste munition.	I
	Building Integrity	Weekly	Ensure that the OB/OD Conex has not been tampered with and that it is intact.	I

Table 2-2: Inspection Plan and Schedule for OB/OD Conex Storage and Building 4553 Storage Vault (Continued)

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY ¹	TYPES OF PROBLEMS	CORRECTIVE ACTION ²
Containers				
	Operating Record	Weekly	Verify that all entries in the operating record are complete and up to date. Entries include: 1) a description (common name, EPA hazardous waste numbers, physical form, and for characteristic wastes, the process that produced the waste) and quantity (weight, or volume and density) of each hazardous waste received and the methods (EPA handling codes) and dates of its treatment, storage, or disposal at the OB/OD grounds. Verify the location of the waste within the facility and the quantity at each location. Verify that the records and results of waste analyses are present along with any summary reports and details of any incidents that required implementation of the contingency plan are present.	I
	Container Labels	Weekly	Verify that all containers are labeled with a yellow hazardous waste label and label subheadings are filled out.	I
	Containers	Weekly	Verify all containers in storage are: 1) not bulging, 2) not dented or creased, 3) uncorroded, and 4) not leaking.	I
Spill Equipment				
	Contingency Plan	Weekly	Ensure that the Contingency Plan is present on the transport vehicle.	N
	Fire Extinguisher ³	Weekly	Verify that the fire extinguisher is present and the pressure gauge shows the extinguisher to be operational. Verify the expiration date on the extinguisher charge has not past.	I

Table 2-2: Inspection Plan and Schedule for OB/OD Conex Storage and Building 4553 Storage Vault (Continued)

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY ¹	TYPES OF PROBLEMS	CORRECTIVE ACTION ²
Spill Equipment Cont'd	Communication Equipment ³	Weekly	Verify that communication equipment is present and functional.	I
	Eye Wash ³	Weekly	Verify eyewash is functional and that the flow rate of water is sufficient.	I
Notes: 1 When in use. 2 Corrective Action (if necessary): 'I' Initiate corrective action immediately. 'N' Initiate corrective action prior to next inspection. 3 Items are available on the transporting vehicle.				

Table 2-3: Inspection Plan and Schedule for Building 4536

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY	TYPES OF PROBLEMS	CORRECTIVE ACTION ¹
Building				
	Doors	Weekly	Verify that entrances to the building are closed when building is not in use.	I
	Locks	Weekly	Check locks to ensure that they are secured and in good condition.	I
	Warning Signs	Weekly	Verify that warning signs are readable from a distance of 25 feet and are able to be noticed from any direction the building may be entered.	I
	Leaks, Spills	Weekly	Verify that no releases to the environment have occurred by checking for discolorations on the dirt floor of the building.	I
	Odors	Weekly	Verify the absence of odors. If odors are present, it is an indication of a possible spill, open container, leaking container, etc.	I
	Building Integrity	Weekly	Ensure that there are not noted breaks in the integrity of the building.	I

Table 2-3: Inspection Plan and Schedule for Building 4536 (Continued)

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY	TYPES OF PROBLEMS	CORRECTIVE ACTION ¹
Containers				
	Operating Record	Weekly	Verify that all entries in the operating record are complete and up to date. Entries include: 1) a description (common name, hazardous waste numbers, physical form, and for characteristic wastes, the process that produced the waste) and quantity (weight, or volume and density) of each hazardous waste received and the methods (handling codes) and dates of its storage at the building. Verify the location of the waste within the building and the quantity at each location. Verify that the records and results of waste analyses are present along with any summary reports and details of any incidents that required implementation of the contingency plan are present.	I
	Container Labels	Weekly	Verify that all containers are labeled with a yellow hazardous waste label and label subheadings are filled out.	I
	Proper Storage Location		Verify that wastes received at the building since the last inspections are stored in a compatible manner.	I
	Containers		Verify that all containers are: 1) not bulging, 2) not dented or creased, 3) uncorroded, and 4) are not leaking.	I
	Aisle Space		Ensure that there is a minimum of 2.5 feet of aisle space for inspections, emergency equipment, and spill control equipment.	I
Spill Equipment				
	Contingency Plan ²	Weekly	Ensure that the Contingency Plan is present at the building.	N

Table 2-3: Inspection Plan and Schedule for Building 4536 (Continued)

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY	TYPES OF PROBLEMS	CORRECTIVE ACTION ¹
Spill Equipment Cont'd	Fire Extinguisher	Weekly	Verify that the fire extinguisher is present and that pressure gauge shows the extinguisher to be operational. Verify the expiration date on the extinguisher has not past.	I
	Communication Equipment ²	Weekly	Verify that communication equipment is present (portable or installed in the truck) and functional.	I
	Eye Wash ²	Weekly	Verify eyewash is functional and that the flow rate of water is sufficient.	I
Notes: ¹ Corrective Action (If necessary): 'I' Initiate corrective action immediately. 'N' Initiate corrective action prior to next inspection. ² Items are available on the transporting vehicle.				

Table 2-4: Inspection Plan and Schedule for Buildings 4104, 4105, and 4107

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY	TYPES OF PROBLEMS	CORRECTIVE ACTION¹
Building				
	Doors	Weekly	Verify that the entrance to the building is locked when unoccupied.	I
	Lock	Weekly	Ensure that locks are in working order and secure.	I
	Warning Signs	Weekly	Verify that warning signs are readable from a distance of 25 feet and that all required signs are properly posted at entrance.	I
	Leaks/Spills	Weekly	Ensure that no releases to the environment have occurred and visually inspect all drip pans for signs of leaking containers.	I
	Building Integrity	Weekly and after storms	Verify that walls and ceiling are in proper repair.	I
Containers				
	Operating Record	Weekly	Verify that all entries in the operating record are complete and up to date.	I
	Container Labels	Weekly	Verify that all containers are labeled with a yellow hazardous waste label and label subheadings are filled out.	I
	Containers	Weekly	Verify all containers in storage are: 1) not bulging, 2) not dented or creased, 3) not corroded, and 4) not leaking.	I
Spill Equipment				
	Contingency Plan ²	Weekly	Ensure that the Contingency Plan is present at Buildings 4104, 4105 and 4107.	I
	Fire Extinguisher	Weekly	Verify that the fire extinguisher is present and that pressure gauge shows the extinguisher to be operational. Verify the expiration date on the extinguisher has not past.	I

Table 2-4: Inspection Plan and Schedule for Buildings 4104, 4105 and 4107 (Continued)

FACILITY OR CHARACTERISTIC	ITEM	FREQUENCY	TYPES OF PROBLEMS	CORRECTIVE ACTION ¹
Spill Equipment Cont'd	Communication Equipment ²	Weekly	Verify that communication equipment is present and functional.	I
	Eye Wash ²	Weekly	Verify eyewash is functional and that the flow rate of water is sufficient.	I
Notes: ¹ Corrective Action (If necessary): 'I' Initiate corrective action immediately. 'N' Initiate corrective action prior to next inspection. ² Items are available on the transporting vehicle.				

Table 2-5: Inspection Plan and Schedule for Hazardous Waste Loading/Unloading Areas

ITEM	FREQUENCY	TYPES OF PROBLEMS	CORRECTIVE ACTION ¹
Loading Dock/Ramp	Whenever in use	Inspect the loading ramps or concrete aprons for signs of damage that might cause instability, or difficulty in operation of materials handling equipment. Look for scaling or chipping of surface, debris, or other objects on the concrete ramp/apron that the equipment operator would have to avoid.	I
Leaks/Spills	Whenever in use	Inspect for evidence of spills by looking for residue on pallets and truck cargo beds. Look for soil discoloration in and around the concrete ramp/apron and in the vicinity of the materials handling equipment, i.e., trucks and forklifts.	I
Container Transferred ²	Whenever in use	Inspect the containers that are to be transferred to insure they are in good condition. Look for corrosion, bulging, loose lids, dents, or creases. Insure pallets are not crushed or broken to the point of causing difficulty to the forklift operator. Look for loose or broken banding.	I
	Whenever in use	Ensure the containers are transferred to the proper location in storage, i.e., compatible storage configuration.	I
	Whenever in use	Ensure the containers are labeled and that the label subheadings are filled out. This includes Waste Stream Name, Waste Description, Container Number, Waste Stream Number, Weight, and Accumulation Start Date.	I
	Whenever in use	Ensure the transferred containers are added or subtracted from the operating record. Ensure the waste codes contained on the container label are permitted to be stored in the facility (if the transfer is a receipt). Ensure the waste analysis plan includes the typed of waste being transferred (if the transfer is a receipt).	I
	Whenever in use	Ensure the Hazardous Waste Manifest (if the transfer involves an off-site transfer of containers) is filled out properly, and no entries are left blank.	I

Notes:

¹Corrective Action (If necessary): ‘I’ Initiate corrective action immediately. ‘N’ Initiate corrective action prior to next inspection.

²Container transfers may involve the movement of on-site generated waste between hazardous waste management units and/or the receipt of off-site agent-related waste. This does not include munitions that are currently part of the national chemical munitions stockpile, but includes:

- 1) Wastes found during corrective action cleanup activities which must be transported to a facility that has the proper storage and disposal capabilities, 2) conventional munitions, explosives, or propellants that have been declared hazardous waste and have been shipped from Tooele Army Depot-North (TEAD-N) to Tooele Army Depot-South (TEAD-S) for storage or treatment (Open Burning/Open Detonation).

5.0 Inspection Logs and Forms

Figure 2-1: Weekly Inspection Log for Area 10 Storage

An explanation of any deficiency and associated corrective action(s) will be provided in the appropriate section below.

IGLOO

- i-1. Locks/Doors
- i-2. Spills/Leaks
- i-3. Secondary Containment
- i-4. Building Integrity

CONTAINERS

- c-1. Operating Record
- c-2. Container Labels
- c-3. Storage Location
- c-4. Storage Location
- c-5. Aisle Space

SPILL EQUIPMENT

- s-1. Contingency Plan*
- s-2. Fire Extinguisher*
- s-3. Communication Equipment*
- s-4. Eye Wash*
- s-5. Absorbent Material*
- s-6. N/A
- s-7. Protective Equipment*
- s-8. N/A
- s-9. N/A
- s-10. Overpacks

MONITORING

At minimum, two of the following systems:

Note: Items with an asterisk are available on the Transport Vehicle.

Igloo Number/Deficiency									
2810/									
2811/									

Deficiencies Discovered (Igloo number and description of deficiency):

Repairs/Corrective action taken (Date; location; and nature of repairs made):

All inspections are done in accordance with state, federal, and Army regulations

Inspected by: _____

Signature: _____

Date: _____

Time: _____

Figure 2-2: Weekly Inspection Log for Container Storage Buildings

Deficiencies will be noted next to management unit by number of finding. An explanation of the deficiency will be noted in the comment section.

<u>FACILITY</u>		<u>SPILL EQUIPMENT</u>	
1.	Doors	12.	Contingency Plan*
2.	Locks	13.	Fire Extinguisher
3.	Warning Signs	14.	Communication Equipment*
4.	Spills/Leaks	15.	Eye Wash*
5.	Odors		
6.	Building Integrity		
<u>CONTAINERS</u>			
7.	Operating Record		
8.	Container Labels		
9.	Proper Storage Location		
10.	Containers		
11.	Aisle Space		

NOTE 1: Items with an asterisk are available on the transporting vehicle.

CONTAINER STORAGE BUILDINGS	
Conex	

Deficiencies Discovered (Igloo number and description of deficiency):

Repairs/Corrective action taken (Date; location; and nature of repairs made):

All inspections are done in accordance with state, federal, and Army regulations

INSPECTED BY: _____

SIGNATURE: _____

DATE: _____ TIME: _____

Figure 2-3: Weekly Inspection Log for Hazardous Waste Loading/Unloading Areas

Deficiencies will be noted next to management unit by number of finding. An explanation of the deficiency will be noted in the comment section.

<u>FACILITY</u>	<u>CONTAINERS TRANSFERRED</u>
1. Condition of Dock/Ramp	3. Leaks/Damage
2. Evidence of Leaks/Spills	4. Proper Location
	5. Marking/Labeling
	6. Operating Record
	7. Manifests

LIST SPECIFIC HW LOADING/UNLOADING AREAS INSPECTED IN PARENTHESES

BUILDING ()	BUILDING ()	BUILDING ()
BUILDING ()	BUILDING ()	BUILDING ()
BUILDING ()	BUILDING ()	BUILDING ()
BUILDING ()	BUILDING ()	BUILDING ()
BUILDING ()	BUILDING ()	BUILDING ()
BUILDING ()	BUILDING ()	BUILDING ()
BUILDING ()	BUILDING ()	BUILDING ()
BUILDING ()	BUILDING ()	BUILDING ()

Deficiencies Discovered (Building number and description of deficiency):

Repairs/Corrective action taken (Date; location; and nature of repairs made):

All inspections are done in accordance with state, federal, and Army regulations.

INSPECTED BY: _____ SIGNATURE: _____

DATE: _____

TIME: _____