

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: James Gilreath - 56
EPA ID: N C D 9 8 0 8 4 6 9 3 5
Facility Name: Safety Kleen, Saint Pauls
Document Group: Inspection/Investigation (I)
Document Type: Focused Compliance Inspection (FCI)
Description: TSD Inspection
Date of Doc: 1/28/2013
Author of Doc: James Gilreath

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year

NCD980846935

Scanner's Initials:

**North Carolina Department of Environment
and Natural Resources
Division of Waste Management**

RESIDENT INSPECTOR REPORT

1) Facility Information

Safety-Kleen
934 N. Fifth Street
Saint Pauls, NC

EPA ID# NCD 980846935

Permit Status: RCRA
 Air
 Water

2) Facility Contact

Carlton Merritt/Nicole Dey

Arrived: 10:10 a.m.

Departed: 12:25 p.m.

3) Date of Inspection / Inspector

01/28/2013
James Gilreath

Shift: 1st
 2nd
 3rd
 Wkend

4) Facility Description Changes

None

5) Areas of Concentration

Part "B" Permit	10-Day Area	Security/Signage
HW & DOT Labels	Training	Spill Response Equipment
Forklift Safety	PPE	Fire Suppression Equipment

6) Site Deficiencies

None

Docket #: N/A

7) Comments/Recommendations

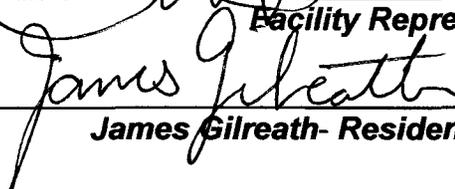
1. Annual hazardous waste training was conducted on 01/25/2013.

8) Follow Up Action Since Previous Inspection Recommendations

12/03/2012 Inspection:
The two eyewash stations noted have been serviced.

9) Referrals to DAQ/DWQ/OSHA

None

	1-28-13
_____ Facility Representative	Date
	01-28-2013
_____ James Gilreath- Resident Inspector	Date