Checklist 5

WASTE MINIMIZATION

Site/Facility: __________________________ Date: __________

Address: __________________________ EPA I.D.:___________

Has a waste minimization plan been developed for this facility?

<table>
<thead>
<tr>
<th>INSPECTION ITEM</th>
<th>CITE</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a waste minimization plan been developed for this facility?</td>
<td>40 CFR 262.27</td>
<td>ENV 02-03</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has it been updated in the last 2 years in accordance with the Commissioner's policy?

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List any significant waste minimization practices that have been implemented at this facility.

Comments:___________________________________________________________________________

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