

Entity Name	Date
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<input type="checkbox"/> <b>Transfer station</b> <input type="checkbox"/> Collection and redistribution only	<input type="checkbox"/> <b>Recycling Center</b> (processing and distribution): <input type="checkbox"/> Hand sorting <input type="checkbox"/> Machines used to sort recycled materials
<input type="checkbox"/> <b>Landfill</b> <b>Open and Active Landfills are excluded from coverage</b> <input type="checkbox"/> Closed and Capped    Date: _____ Are closure and post-closure certificates filed with the State? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>Other Site Operation</b> Description:

Risk Management Controls	
<input type="checkbox"/> Yes <input type="checkbox"/> No	No smoking policy in place for premises and building(s)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Material Collection / Storage Buildings equipped with Automatic Sprinkler Systems?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Buildings equipped with hardwired smoke and heat detectors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Signage provided outlining items excluded / unacceptable items?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personnel trained to recognize excluded / unacceptable items?
<input type="checkbox"/> Yes <input type="checkbox"/> No	All incoming loads inspect by onsite personnel for acceptability?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer area cleared at the end of each day?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Buildings inspected at the end of each workday?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any fires at this location in the last 5 years? If Yes, please describe the cause and actions taken to prevent recurrence:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Access gated / locked after hours?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Traffic signs and markers provided to direct traffic?

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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