



**Minnesota Pollution
Control Agency**

520 Lafayette Road
St. Paul, MN 55155-4194

Environmental Audit Program

Report Inventory
Environmental Audits

Facility Information

Facility Name: _____

Address: _____

Contact Name: _____ Phone: _____

Company Information (if different from above)

Company Name: _____

Address: _____

Contact Name: _____ Phone: _____

Brief description of the product manufactured or the service provided at this facility:

Date environmental audit completed:

A report must be submitted within 45 days of completion.

Environmental area(s) audited:

MPCA audit checklists are available for a number of environmental areas. Please, check only the area(s) that was audited.

General:

- ☐ Air Quality
- ☐ Hazardous Waste
- ☐ Infectious Waste
- ☐ Solid Waste
- ☐ Spills
- ☐ Storm water
- ☐ (Aboveground Storage) Tanks
- ☐ (Underground Storage) Tanks
- ☐ Water Quality

Industry-specific:

- ☐ Automotive Service
- ☐ Dry Cleaning
- ☐ Fiberglass Fabrication
- ☐ Motor Vehicle Salvage
- ☐ Printing
- ☐ Wood Finishing
- ☐ Hot Mix Asphalt
- ☐ Sand and Gravel
- ☐ Other: _____

Did the scope of the audit examine the facility's compliance with all applicable environmental requirements?

All applicable environmental requirements must be examined to receive a Green Star Award.

☐ Yes ☐ No

Were violations identified?

☐ Yes ☐ No

If yes, list the violations below, along with a description of the corrective action(s) that will be performed to correct the violations. Attach additional sheets, if necessary.

Will more than 90 days be required to correct the violations?

☐ Yes ☐ No ☐ Not applicable

If yes, include a performance schedule that describes when the violations will be corrected and why more than 90 days are required to correct the violations. Performance schedules are subject to MPCA approval.

If violations of local environmental ordinances or requirements were found, has the appropriate local government official received a copy of this report?

☐ Yes ☐ No ☐ Not applicable

Has the facility changed its name in the past two years?

☐ Yes ☐ No

If yes, please, write the previous name here:

After successful completion of the Environmental Audit Program, would you like the facility to be given consideration for the Green Star Award?

☐ Yes ☐ No

If the facility is issued a Green Star Award, would you like acknowledgement on the MPCA Web site?

☐ Yes ☐ No

Would you like MPCA staff to contact you regarding implementation of a pollution prevention program at this facility?

☐ Yes ☐ No

Describe the steps that you will take, or have taken, to prevent the recurrence of the violations listed on the previous page. (Attach additional sheets if necessary.)

Owner's or Operator's Signature

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge, and that I will correct any violations identified as expeditiously as possible. Furthermore, I certify that I have either prepared a pollution prevention plan or examined pollution prevention opportunities at my facility, as discussed in the Environmental Improvement Program legislation.

Signature of responsible official

Printed name of person signing

Title _____

Date _____

**Completion and submittal of this form satisfies the report requirements
of the Environmental Audit Program.**