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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Report Inventory  Environmental Audit Program  Doc Type: Environmental Audits |

## Instructions:Completion and submittal of this form satisfies the report requirements of the Environmental Audit Program.

Facility information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility name: |  | | | |
| Facility address: |  | | | |
| Contact name: |  | | Contact phone: |  |
| Contact email: |  |  | | |

Company information (if different from above)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company name: |  | | | |
| Company address: |  | | | |
| Contact name: |  | | Contact phone: |  |
| Contact email: |  |  | | |

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| **Brief description of the product(s) manufactured, the activity(ies) conducted, or the service(s) provided at this facility:** |
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| **Date environmental audit completed (mm/dd/yyyy):** |  |  |
| **A Report Inventory form must be submitted within 45 days of completion of audit.** | | |

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| **Environmental area(s) audited:** |
| mpca audit checklists are available for a number of environmental areas. Check only the area(s) that was audited. |

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| **General** | | |  | **Industry-specific** | | |
|  | Air Quality | |  |  | Automotive Service | |
|  | Feedlot | |  |  | Dry Cleaning | |
|  | Hazardous Waste | |  |  | Fiberglass Fabrication | |
|  | Infectious Waste | |  |  | Motor Vehicle Salvage | |
|  | Mining | |  |  | Printing | |
|  | Solid Waste | |  |  | Wood Finishing | |
|  | Spills | |  |  | Hot Mix Asphalt | |
|  | Stormwater | |  |  | Sand and Gravel | |
|  | Tanks (Aboveground Storage) | |  |  | Dry Cleaning | |
|  | Tanks (Belowground Storage) | |  |  | Fiberglass Fabrication | |
|  | Water Quality | |  |  | Motor Vehicle Salvage | |
|  | Wastewater | |  |  | Printing | |
|  | Other: |  |  |  | Other: |  |

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| **Did the scope of the audit examine the facility’s compliance with all applicable environmental requirements?** | |
| Yes  No |  |

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| **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. | | |
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| **If violations of local environmental ordinances or requirements were found, have the appropriate local government units received a copy of this report?** | | |
| Yes  No  Not applicable. |  |  |
| If yes, include the name(s) of the local government unit(s) that received a copy of this report. | | |
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| **Has the facility changed its name in the past two years?** | | |
| Yes  No |  |  |
| If yes, please, write the previous name below: | | |
|  | | |
| **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.) | | |
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Owner or Operator 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.

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| **Owner authorized signature:** | | | |  | **Operator authorized signature (if different):** | | | |
| Signature: | |  | |  | Signature: | |  | |
|  | | *(This document has been electronically signed.)* | |  |  | | *(This document has been electronically signed.)* | |
| Title: |  | | |  | Title: |  | | |
| Date (mm/dd/yyyy): | | |  |  | Date (mm/dd/yyyy): | | |  |

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