

SMSBF: Sustainable Implementation Workgroup Business Cost Saving Opportunities Questionnaire

The information gathered from this questionnaire will be used by the workgroup to determine areas of focus for sustainable cost saving opportunities. To complete the questionnaire, answer the following questions. The answers you provide will allow the workgroup to identify areas of your operations where you can improve processes and reduce cost. Please complete this questionnaire as accurately as possible.

Question	Response	Question	Response
<p>Does the facility produce wastewater?</p> <p>What is the fate of this wastewater (ie, pretreatment, POTW, NPDES permitted discharge, hazardous or liquid industrial transporter)</p> <p>Have you characterized your wastewater?</p> <p>How much wastewater is generated monthly?</p> <p>How much is currently spent on wastewater removal/treatment monthly?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ GAL</p> <p>\$ _____</p>	<p>Does the facility have equipment or processes that generate air pollution? (E.g., incinerator, boiler, solvent degreaser, paint booth, grinding operations, materials storage piles, etc.)</p> <p>How many active air permits does the facility have?</p> <p>Do you have an inventory control system?</p> <p>Does the facility use any metalworking coolants?</p> <p>What is the amount of coolant used per month?</p> <p>What is the amount of dirty coolant waste hauled per month?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ GAL</p> <p>_____ GAL</p>
<p>Does the facility have a permit for the discharge of wastewater or stormwater?</p> <p>Has the facility implemented best management practices for stormwater runoff?</p> <p>Does the company have a stormwater pollution prevention plan (SWPPP)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Does the facility use compressed air?</p> <p>How old is the compressed air system?</p> <p>How many units are in operation at the facility?</p> <p>Are machines left running while not in use?</p> <p>Are there noticeable leaks in the system?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>What is the facility's hazardous waste generation status?</p>		<p>What are the main uses of energy at the facility? (Include natural gas, diesel, electricity, etc)</p> <p>What are the main uses of water at the facility?</p>	
<p>Does the facility generate waste oil?</p> <p>How much waste oil is generated monthly?</p> <p>What is your monthly cost for waste oil removal?</p> <p>Are you purchasing more than 6 drums of any liquid product during a three-month period?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ GAL</p> <p>\$ _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Does the facility have any office recycling programs?</p> <p>Does the facility have any shop floor recycling programs?</p> <p>What materials are reused/recycled?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does the facility have routine maintenance for equipment?</p> <p>How much absorbent does the facility use monthly? Monthly expense?</p> <p>What kinds of absorbents are used? (Circle all that apply)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Granular Mats Socks Rags Other: _____</p>	<p>Does the company provide job specific training for employees?</p> <p>Does the company provide environmental health & safety training for employees?</p> <p>Is a record kept of the training completed by employees?</p> <p>Are the employees trained on emergency response?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Company Name: _____ Type of Business: _____

Representative Name: _____ Phone #: _____ Date: _____