



**Town of Acton**  
**Department of Public Health**  
 472 Main Street, Acton, MA 01720  
 Phone: (978) 929-6632 Fax: (978) 929-6340  
 www.acton-ma.gov

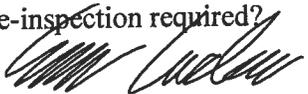
**ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER**

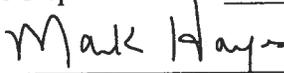
Facility Name: Baker Whitney Oil Date 8/7/2014  
 Address: 432 Mass Ave  
 Type of Business: Oil Company  
 Telephone: 978-263-5261 Email: Mhayes.bwo@verizon.net  
 Contact Person: Mark Initial Inspection  Re-Inspection

<b>Housekeeping:</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Area clean	<input checked="" type="checkbox"/>		
Spills present		<input checked="" type="checkbox"/>	
Appropriate material storage	<input checked="" type="checkbox"/>		
Materials and wastes separate	<input checked="" type="checkbox"/>		
Cleanup materials available	<input checked="" type="checkbox"/>		
Materials have secondary containment	<input checked="" type="checkbox"/>		Berms
Materials and wastes are labeled	<input checked="" type="checkbox"/>		
<b>Safety:</b>			
Are MSDS sheets available on site	<input checked="" type="checkbox"/>		
Employee personal protective equipment on site	<input checked="" type="checkbox"/>		
Employees trained in Haz Mat handling	<input checked="" type="checkbox"/>		
Emergency procedures posted	<input checked="" type="checkbox"/>		
<b>Site Management:</b>			
Waste removed by licensed hauler	<input checked="" type="checkbox"/>		
Floor drains present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Sinks present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Testing of septic system necessary		<input checked="" type="checkbox"/>	
Does site plan on file reflect current arrangement	<input checked="" type="checkbox"/>		
Any UST (underground storage tank) present		<input checked="" type="checkbox"/>	
If UST present, is it alarmed		<input checked="" type="checkbox"/>	

**Action Items:**

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

Re-inspection required? Yes  No   
  
 \_\_\_\_\_  
**Inspector Signature**                      **Date**

Re-inspection Date: \_\_\_\_\_  
  
 \_\_\_\_\_  
**Facility Representative Signature**                      **Date**

D.H  
8/12/14