



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: DH Loam Date 7/14/2015
 Address: 50 Knox Trail
 Type of Business: Truck Garage
 Telephone: 978-361-5286 Email: Sales@dhloam.com
 Contact Person: Tom Dexter Initial Inspection Re-Inspection

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

Action Items:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Re-inspection required? Yes No

Re-inspection Date: _____

Inspector Signature _____ Date _____

Facility Representative Signature _____ Date _____