

**ACTON BOARD OF HEALTH
ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER**

Facility Name: Hansen Auto
 Type of Business: auto body
 Address: SR Willow St.
 Telephone: _____
 Contact Person: Don/Dave Hansen

*D.H.
9/18/08*

Housekeeping:

| | | |
|--|--------------------------------------|-------------------------------------|
| Is area clean: | <input checked="" type="radio"/> yes | <input type="radio"/> no |
| Are spills present: | <input type="radio"/> yes | <input checked="" type="radio"/> no |
| Is there appropriate storage of materials: | <input checked="" type="radio"/> yes | <input type="radio"/> no |
| Are materials and wastes kept separate: | <input checked="" type="radio"/> yes | <input type="radio"/> no |
| Are spill cleanup materials available: | <input checked="" type="radio"/> yes | <input type="radio"/> no |
| Materials have secondary containment: | <input checked="" type="radio"/> yes | <input type="radio"/> no |
| Are materials and wastes labeled: | <input type="radio"/> yes | <input type="radio"/> no |

Safety:

| | | |
|--|--------------------------------------|--------------------------|
| Are MSDSs available on site: | <input checked="" type="radio"/> yes | <input type="radio"/> no |
| Is employee personal protective equipment available on site: | <input checked="" type="radio"/> yes | <input type="radio"/> no |
| Are employees trained in hazardous materials handling: | <input checked="" type="radio"/> yes | <input type="radio"/> no |
| Are emergency procedures posted: | <input checked="" type="radio"/> yes | <input type="radio"/> no |

Site Management:

active liquid recycling

| | | |
|---|--------------------------------------|-------------------------------------|
| Are wastes removed by a licensed hauler: | <input checked="" type="radio"/> yes | <input type="radio"/> no |
| Are floor drains present in any area with hazardous materials or waste: | <input type="radio"/> yes | <input checked="" type="radio"/> no |
| Are sinks present in any area with hazardous materials or waste: | <input type="radio"/> yes | <input checked="" type="radio"/> no |
| Is testing of septic system necessary: | <input type="radio"/> yes | <input checked="" type="radio"/> no |
| Does site plan on file reflect current arrangement: | <input checked="" type="radio"/> yes | <input type="radio"/> no |
| Any UST (underground storage tank) present: | <input type="radio"/> yes | <input checked="" type="radio"/> no |
| If UST present, is it alarmed: | <input type="radio"/> yes | <input type="radio"/> no |

Action Items

Reinspection required? Yes No Reinspection Date: _____

[Signature]
 Representative Signature/Date

[Signature]
 Inspector Signature/Date

\$370.00

TOWN OF ACTON HAZARDOUS MATERIALS CONTROL BYLAW

May 1, 2006

Due - \$ 70 + \$300 fine
Category 4, 12

Hansen Auto Body
5 Willow Street
Acton, MA 01720

PAID
~~70.00~~ 9/5/06

HAZARDOUS MATERIALS CONTROL PERMIT RENEWAL APPLICATION Categories

- | | |
|---|--|
| 1. Hazardous Waste Generator (\$55) | 2. Sm.Hazardous Waste Generator (\$35) |
| 3. Hazardous Materials Generator (\$55) | 4. Hazardous Materials User (\$35) |
| 5. Discharge Permit (\$115) | 6. Remediation Permit (\$115) |
| 7. Hazardous Waste User (\$55) | 8. Haz. Mat. Storer Large Industry (\$195) |
| 9. Haz. Mat. Storer Small Industry(\$130) | 10. Haz. Mat. Storer Large Retail(\$140) |
| 11. Haz. Mat. Storer Small Retail (\$115) | 12. Haz. Waste Storer Sm..Industry(\$35) |
| 13. Haz. Waste Storer Retail(\$35) | 14. Haz Waste Storer Lge. Industry(\$55) |

Provide the following information under the authority of the General Laws of the Commonwealth of Massachusetts, Chapter 94, Section 305A, and Chapter 3, Section 5.

ESTABLISHMENT NAME: HANSEN Auto Body

ESTABLISHMENT ADDRESS: 5R Willow St

ESTABLISHMENT TELEPHONE: 978 263-6606

OWNERS/CORPORATE OFFICERS: DAVID HANSEN

ADDRESS: 425 Burroughs Rd Boxboro

TELEPHONE: 978 263 1264

ON-SITE MANAGER: DAVE HANSEN

OPERATING SCHEDULE: 8-5 M-F

Pursuant to the General Laws of Massachusetts, Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

[Signature]
Signature of Owner/Applicant

04 327 3171
S.S.I or F.I.N. Number

06/20/06
Date

Please remit to Acton Board of Health, 472 Main Street, Acton, MA 01720
No Later Than May 30, 2006