

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

Facility Name: Franks Auto  
 Type of Business: Auto  
 Address: Rail Road St.  
 Telephone: \_\_\_\_\_  
 Contact Person: Judie Hodell.

D.H.  
12/19/05

**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 checked="" 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

(one person)

**Site Management:**

Are wastes removed by a licensed hauler:	<input 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"/> no	<input checked="" type="radio"/> yes
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 type="radio"/> no
If UST present is it alarmed:	<input type="radio"/> yes	<input type="radio"/> no

hand washing only

**Action Items**  
- none -

Reinspection required? Yes  No  Date: \_\_\_\_\_

Judie Hodell  
 Representative Signature/Date

[Signature]  
 Inspector Signature/Date