



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

Date 3/13/2014

Facility Name: Princeton Instruments
 Address: 15 Discovery Way
 Type of Business: Optics and Coatings
 Telephone: 978-268-0346 Email: Jmccandless@actonoptics.com
 Contact Person: Jim McCandless Initial Inspection Re-Inspection

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

Action Items:

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

Re-inspection required? Yes No

Re-inspection Date: _____

[Signature]
 Inspector Signature _____ Date _____

[Signature]
 Facility Representative Signature _____ Date _____

D.H.
 3/28/14