

Clackamas River Water Providers Facility Site Visit Checklist

Enter Contact Information

Business Name	
Facility Address	
Mailing Address	
Staff Contacts/Positions	
Phone and Email	

Project overview

Clackamas River Water Providers is committed to helping businesses find ways to prevent spills and follow best practices. Please complete the following checklist to help assess your needs and resources.

The Clackamas River supplies high quality drinking water for over 300,000 people in Clackamas and Washington Counties. Business in the industrial area along Highway 212/224 are just upstream from four drinking water treatment plants. As a business, implementing stormwater best management practices and spill prevention measures are critical to protecting our drinking water supply.

Clackamas County continues to grow, and so does the demand for high quality water. Conserving and protecting the Clackamas River will play a key role in making the best use of this precious resource.



Pollution Prevention Questions

(Circle answer, add comments if needed).

SPILL PREVENTION

Does your business have a Spill Response Plan, Emergency Response Plan, or a Spill Prevention Control & Countermeasure Plan (SPCC) in place, or have you developed any type of written procedures?

(YES / NO)

Does your business have spill signs in indoor/outdoor storage areas?

(YES / NO)

Has your business added containment equipment or devices to prevent spills? *Includes spill pallets, double walled tanks, berms, containment sumps, shut off valves.*

(YES / NO)

Do all containers of 55 gallons or greater have secondary containment?

(YES / NO)

Does your business have spill kits or absorbents available where liquids are stored or transferred?

(YES / NO)

Do employees know where spill kits and spill response plans are located?

(YES / NO)

STORMWATER

Does your business store materials in a manner that prevents stormwater pollution? *Includes covering all waste and containers stored outside, properly storing products, etc.*

(YES / NO)

Are storm drains marked/stenciled to remind employees and educate customers that your site drains to a local waterway?

(YES / NO)

Do you have a working knowledge of the storm and sewer drainage systems on your property? Do you know where sewer and storm water discharges to? *Includes the location of storm drains, dry wells, stormwater facilities, and other pollution control devices.*

(YES / NO)

Do you maintain privately owned storm drain catch basins and storm water treatment facilities? *Includes bio-swales, ponds, and sediment control devices. If yes, how often?*

(YES / NO)

NOTES

EMPLOYEE TRAINING

Do all employees know where the Safety Data Sheets (SDS) from products used at your facility are located, and know how to use them? (YES / NO)

Do you hold at least annual meeting and/or training refreshers on proper use and storage of supplies, waste reduction and management, spill prevention, and how to use spill equipment? (YES / NO)

Are employees trained on proper material storage, hazardous material, and hazardous waste management techniques? (YES / NO) If yes, how often?

Are employees trained to detect and respond to spills? (YES / NO) If yes, how often?

Are employees aware that your facility is within the Clackamas River drinking water protection area, and that spills can impact your drinking water? (YES / NO)

PRODUCT WASTE & STORAGE

Has an employee been assigned to conduct at least monthly audits of your hazardous material and waste storage areas? (YES / NO)

Does your business keep liquid and solid wastes from entering the storm drains? (YES / NO)

Do you regularly maintain your oil/water separators and/or catch basins? If yes, how often? (YES / NO)

Are all outdoor waste containers and storage areas covered to prevent rain from contacting the material and causing contamination? (YES / NO)

NOTES

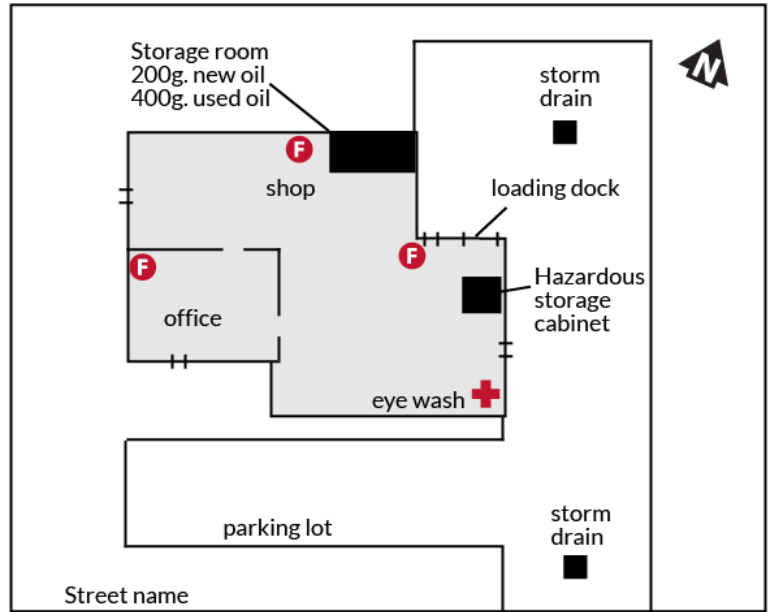
RECOMMENDED ACTIONS

Map your facility

Do you have any written procedures (*plans, signs, or posters*) that provide instructions to facility personnel on how to respond in the event of a spill and how to notify responsible facility personnel? (Yes/No)

Draw a site and facility plan. Mark hazardous waste storage areas, storm drains, work/office areas, loading/unloading areas, fluid transfer areas, spill containment kits, utility shut-offs, fire extinguishers, first aid kits, eye wash stations, shut off valves, and any other safety device.

Example



Use the space below to sketch your site/facility map, or attach facility map to this document.

A large, empty rectangular area with a dotted border, intended for sketching a site/facility map or attaching an existing one.

Hazardous or toxic materials storage

Have you visually inspected hazardous material storage areas (indoor/outdoor) for evidence of cracked or deteriorated secondary containment systems, and the overall condition of storage devices such as containers, totes, and tanks? (Yes / No)

Does your business have a chemical inventory? (Yes / No)
 If yes, please attach to this document.

Does your business submit an annual report to the fire marshal? (Yes / No)
 If yes, please attach to this document.

NOTES

Product / Chemical (CAS number)		Hazardous characteristics	Quantity	SDS On-Site	Secondary containment
1	<i>Example: Brake Cleaner (Methanol, Acetone, Toluene)</i>	<i>Flammable liquid and vapor, toxic to aquatic life, causes damage to organs</i>	55 Gallons	Yes	No
2					
3					
4					
5					
6					
7					
8					
9					
10					

Hazardous or toxic material waste disposal

Does your business generate hazardous waste? (Yes / No)

Has your business determined its DEQ Hazardous Waste Generator Status?
(CEG, small, or large)

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Product / Chemical (CAS number)	Hazardous characteristics	Disposal Quantity	Waste Hauler	
1	<i>Example: Solvent Distillates (petroleum), hydroretreated light)</i>	<i>Combustible liquid, May cause drowsiness and dizziness. May be fatal if swallowed and enters airways</i>	<i>5 gallons per month</i>	<i>CleanRecyclers Inc.</i>
2				
3				
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Activities On-site

Describe your work activities. Include a description, location (indoor/outdoor), frequency, and if any chemicals are used in the process.

NOTES

Description of activity		Location	Chemicals used	Frequency
1	<i>Example: Washing cars and trucks.</i>	<i>Indoor wash pad, connected to oil/water separator and sewer</i>	<i>Soap, Degreaser, Acid wheel wash</i>	<i>Daily, 20 vehicles</i>
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