

ENVIRONMENTAL COMPLIANCE & EDUCATION PROGRAM (ECEP) FOR AUTOMOTIVE BUSINESSES

ENVIRONMENTAL ASSESSMENT CHECKLIST

This checklist was developed as part of the Local Air Improvement Program- Pilot Compliance Inspection and Education Project targeting automotive businesses in Gladesville and is being assisted by the NSW Government's Clean Air Fund.

A.1 Inspection Date: _____

A.2 Assessment Officer: _____

A.3 Assessment Number: _____

B. PROPERTY DETAILS

B.1 Company Name: _____

B.2.1 Property Address: (Number/Street) _____

B.2.2 Suburb _____ B.2.3 Postcode _____

B.3.1 Postal Address: (Number/Street/PO Box) _____

B.3.2 Postal Suburb: _____ B.3.3 Postcode _____

Contact Person: B.4.1 Title: _____ B.4.2 Name: _____ B.4.3 Surname _____

B.5 Position: _____

B.6 Phone No: _____ B.7 Fax No: _____

C. BUSINESS CLASSIFICATIONS

C.1 Nature of Business: _____

C.2 How long has your business been operating at this location? _____

C.3 What business types were previously on site? _____

C.4 In which LGA is this business located? _____

C.5 In which sub-area is this business located? _____

C.6 Is the business located near sensitive receptors? _____

C.7 Property Identification Number (where applicable) _____

1. LICENCING

1.1 Environment Protection Authority

1.1.2 Is the licence current? Yes No N/A

1.1.3 No: _____

1.2 Sydney Water

1.2.1 Is wastewater generated on site? Yes No

1.2.2 Is wastewater discharged to sewer system? Yes No

1.2.3 Does the business have any of the following equipment?

Grease Trap Oil/Water Separator Underground Waste Pit

Settling Tank Silver Recovery Unit Other Wastewater Pretreatment Equipment

1.2.4 Is the Trade Waste Agreement Current? Yes No N/A

1.2.5 No: _____

1.2.6 Is the business part of the Wastesafe Program? Yes No N/A

1.2.7 Water Meter Serial Number: _____

1.3 WorkCover Authority

1.3.1 Are there any obvious Occupational Health and Safety issues on site? Yes No

1.3.2 Is the Dangerous Goods licence current? Yes No N/A

1.3.3 No: _____

1.4 Council

- 1.4.1 Are there any regulated systems registered with Council? Yes No
- 1.4.1.1 Water cooling system? Yes No
- 1.4.1.2 Warm water system? Yes No
- 1.4.1.3 Other? Yes No

1.4.2 Other matters to be referred internally: _____

1.5 Other Licences/Additional Information:

1.5.1 Is the business licensed by the Motor Vehicle Repair Industry Council to carry out air conditioning repairs?

Yes No N/A

1.5.2 Other Licences/Additional Information _____

2. Air Emissions Management

2.1 Does the business have any air emissions leaving the premises? Yes No

Type of air emission leaving premises				Air treatment device in place and properly maintained		
Smoke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Spray painting emission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Dust Particles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fumes/Vapours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Ozone Depleting gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sand blasting emission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Odour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Steam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

2.2 Is any spray painting undertaken in the open Yes No

2.3 Does the business operate a spray booth Yes No

2.3.1 Is the spray booth WorkCover approved Yes No

2.3.2 Are filters in good working order and do the filters cover the entire vent area Yes No

2.3.3 Is the fan venting system in good working order Yes No

2.3.4 Are high volume low pressure spray guns used Yes No

2.3.5 Are airless spray guns used Yes No

2.3.6 Is any spray painting activity undertaken outside the spray booth Yes No

2.4 Air Emissions Management Comments

3.8 Is there sufficient awareness of spill response procedure? Yes No N/A

3.9 Are the necessary MSDS's available? Yes No N/A

3.10 Is there fire fighting equipment? Yes No

3.11 Is fire equipment checked and maintained? Yes No

3.12 Materials Management Comments _____

4. STORMWATER MANAGEMENT

4.1 Is there any evidence of stormwater pollution from the following site activities

ACTIVITY	EVIDENCE	EVIDENCE		POTENTIAL	POTENTIAL		
		YES	NO		YES	NO	
		Forecourt washing	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Hosing out of workshop	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Equipment washing/high pressure cleaning outside	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Discharge of solid wastes into S/W Drains	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Debris in S/W Drains	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage of contaminated parts in an open area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

4.2 Are the occupiers aware of their stormwater drainage system?

Low Medium High

4.3 Stormwater Management Comments:

5. GENERAL WASTE MANAGEMENT

5.1 Does the business generate and separate any of the following categories of solid waste?

W A S T E	Paper board	<input type="checkbox"/> YES	<input type="checkbox"/> NO	R E C Y C L E	<input type="checkbox"/> YES	<input type="checkbox"/> NO	M 3 / M O N T H	<1	1-3	3-10	>10	
	Mixed Glass	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO		<1	1-3	3-10	>10	
	Metals	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO		<1	1-3	3-10	>10	
	Plastic	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO		<1	1-3	3-10	>10	
	Timber	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO		<1	1-3	3-10	>10	
	Cloth offcuts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<1		1-3	3-10	>10		
	Green Waste	<input type="checkbox"/> YES	<input type="checkbox"/> NO	R E C Y C L E	<input type="checkbox"/> YES	<input type="checkbox"/> NO		M 3 / M O N T H	<1	1-3	3-10	>10
	Food Waste	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO		<1	1-3	3-10	>10	
	Commercial / Demolition	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO		>1	1-3	3-10	>10	
	Other Waste	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO		<1	1-3	3-10	>10	

5.2 Does the business generate any of the following categories of liquid waste?

W A S T E	Oils	<input type="checkbox"/> YES	<input type="checkbox"/> NO	R E C Y C L E	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	N/A
	Brake Fluids	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	N/A
	Solvent	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	N/A
	Coolant	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	N/A
	Oily Sludge	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	N/A
	Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	N/A

5.3 Volume of general waste generated by the business each month

B I N V O L U M E	_____	# O F B I N S	1 2 3 4 5 other	C O L L F R E Q	>monthly monthly f/nightly weekly daily other/month
	_____		1 2 3 4 5 other		>monthly monthly f/nightly weekly daily other/month
	_____		1 2 3 4 5 other		>monthly monthly f/nightly weekly daily other/month

5.4 Are there any liquids disposed of into the waste bin/s? Yes No N/A

5.5 Is the premises serviced by "licensed" waste/recycling contractor(s)? Yes No N/A

5.6 Have there been any instances of illegal dumping on the site? Yes No

5.7 Is there effective waste management on site? (circle) Low Medium High

5.8 Is there any evidence of ground contamination (e.g. visual stains, odours, affected vegetation) Yes No N/A

5.9 Are good housekeeping practices being used on these premises: Low Medium High

5.10 General Waste Management Comments:

6. NOISE MANAGEMENT

6.1 What are the business hours of operation

Hours Mon-Fri _____
Hours Sat _____
Hours Sun _____

6.2 Is noise & or vibration audible from outside the premises boundaries

Yes **No**

6.3 Are there any noise mitigation measures provided

Yes **No**

6.4 Noise Management Comments

7. WATER & ENERGY USE

7.1 During the past few years, has the company implemented any measures to reduce

7.1.1 Electricity Use?

Yes **No**

7.1.2 Fuel consumption? (Diesel Gas)

Yes **No**

7.1.3 Water Use?

Yes **No**

7.1.4 Other

Yes **No**

7.2 Water and Energy Comments

8. COMPANY POLICY

8.1 Has the company ever carried out an environmental review? Yes No

8.2 Does the company have an environmental management policy? Yes No

8.3 Has the company ever taken any specific action to reduce the impact of its business? Yes No

8.4 Does the company have access to the internet? Yes No

8.5 Company Policy Comments

9. INSPECTION SUMMARY

9.1 Overall Summary

9.2 Contact person's attitude: **1** **2** **3**
 poor **average** **excellent**

9.3 Follow up letter type **A** **B** **C** **D**

9.4 Schedule of Works required? **Yes** **No**

9.5 Schedule of Work Issues

	Impact Category	Issue	Agreed Completion Date
9.5.1			
9.5.2			
9.5.3			
9.5.4			
9.5.5			
9.5.6			
9.5.7			
9.5.8			
9.5.9			
9.5.10			

9.6 Follow up required? Yes No

9.7 Date follow up due: _____

10. SITE PLAN

11. FOLLOW UP INSPECTION

11.1 Date of Follow Up

11.2 Completion of the Schedule of Works Issues

	Impact Category	Issue	Agreed Completion Date	Actual Completion Date
11.2.1				
11.2.2				
11.2.3				
11.2.4				
11.2.5				
11.2.6				
11.2.7				
11.2.8				
11.2.9				
11.2.10				

11.3 Schedule of Works issues refined as result of follow-up? Yes No N/A

	Impact Category	Issue	Agreed Completion Date
11.3.1			
11.3.2			
11.3.3			
11.3.4			
11.3.5			

11.4 Additional issues to Schedule of Works as a result of follow up? Yes No N/A

	Impact Category	Issue	Agreed Completion Date
11.4.1			
11.4.2			
11.4.3			
11.4.4			
11.4.5			

11.5 Follow up letter type A B C D

11.6 Is a second follow up required? Yes No

11.7 Date second follow up due:

11.8 Refer to other in Council/Sydney Water/other organisation for future action?

Yes No N/A



The development of this checklist was assisted by the NSW Government's – Clean Air Fund

