M-901 (1-13)

pennsylvania
DEPARTMENT OF TRANSPORTATION

Facility Specific Environmental Checklist Record

Frequency_____

District #___County#___Facility#___
Facility Specific Checklist Ver#_____
Inspection Period_____Year____

Notes: Inspector provides initials and date in Column 3. If any item is unacceptable, list the # of the unacceptable question and clearly state the finding in Column 4. SEMP Manager will record the CAR/PAR #. If there are no questions on the checklist for a category then record NA in that row.

Category Label	Category Possible questions	Inspector initials / date	All items are acceptable except as noted (provide question # and finding)	Completed by SEMP Manager CAR / PAR #
1. Buildings	1.1 - 1.4			
2. CFRP	2.1 - 2.7			
3. Equipment Washbay	3.1 - 3.4			
4. Housekeeping	4.1 - 4.15			
5. Material Storage	5.1 - 5.6			
6. Runoff	6.1 - 6.5			
7. Safety	7.1 - 7.4			
8. Tank Piping and Dispensing	8.1			
9. Oil Water Separator	9.1 - 9.2			
10. Tanks AST	10.1 - 10.6			
11. Tanks AST Regulated	11.1 - 11.16			
12. Tanks Brine	12.1 - 12.7			
13. Tanks UST	13.1 - 13.20			
14. Waste - Aerosols Antifreeze Batteries Fluorescent Bulbs	14.1 - 14.14			
15. Waste - Hazardous	15.1 - 15.9			
16. Used Oil / Filters	16.1 - 16.5			
Are there any changes to the site ? Explain.				

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