

ENVIRONMENTAL RESULTS PROGRAM  
FOR  
DRY CLEANERS

**Administrative**

Date of inspection: \_\_\_\_\_  
(mm/dd/yy)

Time of inspection: \_\_\_\_\_  
(24 hr clock)

EPA Identification number \_\_\_\_\_

NAICS (SIC) \_\_\_\_\_

Air Permit number: \_\_\_\_\_

Wastewater Permit number: \_\_\_\_\_

1. Business full name (Verify with permit before coming out) \_\_\_\_\_
2. Facility address (physical location):
  - a. Street name \_\_\_\_\_
  - b. City/town \_\_\_\_\_
  - c. Zip Code \_\_\_\_\_
- Facility address (mailing address **if different**):
  - Street name \_\_\_\_\_
  - City/town \_\_\_\_\_
  - Zip Code \_\_\_\_\_
3. Date of current *location* \_\_\_\_\_  
(mm/dd/yy)
- Date of current *ownership* \_\_\_\_\_  
(mm/dd/yy)
4. Phone number \_\_\_\_\_
5. Facility owner's name \_\_\_\_\_
6. Contact person from the facility \_\_\_\_\_  
(Get business card if possible & attach to inspection form)
7. Position of the contact person at the facility \_\_\_\_\_
8. Facility's current operating status:
  - a. On-site cleaning \_\_\_\_\_
  - b. Petroleum \_\_\_\_\_
  - c. Transfer facility \_\_\_\_\_
  - d. Drop off \_\_\_\_\_
  - e. Other \_\_\_\_\_
9. Waste Manifest number(s) for waste shipped out of State (question 2.9) for the previous year.  
\_\_\_\_\_
10. Inspectors full name (signature): \_\_\_\_\_