

RCRAINFO CM&E EVALUATION – VIOLATION FORM

*EPA ID Number																										
Handler Name																										
Street																										
City		State		Zip Code																						
*EVALUATION		Add	Update	Delete	<i>You must provide an Evaluation Identifier (also known as the Sequence Number).</i>																					
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization																					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																					
<p>Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNN, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNN evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.</p>			<input type="text"/>	<p>Reclassified SV Date: Only applicable for SNN evaluation type as appropriate.</p> <input type="text"/>																						
Notes: _____																										
<p>Evaluation Indicator Field (Check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">Citizen Complaint</td> <td style="border: 1px solid black; padding: 5px; text-align: center;">Multimedia Inspection</td> <td style="border: 1px solid black; padding: 5px; text-align: center;">Sampling</td> <td style="border: 1px solid black; padding: 5px; text-align: center;">Not Subtitle C</td> </tr> </table>						Citizen Complaint	Multimedia Inspection	Sampling	Not Subtitle C																	
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<p>Focused Coverage Areas (Use Only for Evaluation Type FCI)</p> <p style="text-align: center;"><i>Regulation-Specific FCI</i></p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">BIF</td> <td style="padding: 5px;">CCI</td> <td style="padding: 5px;">CFI</td> <td style="padding: 5px;">INC</td> <td style="padding: 5px;">LDR</td> <td style="padding: 5px;">PTB</td> <td style="padding: 5px;">PTX</td> </tr> <tr> <td style="padding: 5px;">THI</td> <td style="padding: 5px;">UIC</td> <td style="padding: 5px;">UOI</td> <td style="padding: 5px;">UWR</td> <td colspan="3" style="padding: 5px;">OTHER (specify): _____</td> </tr> </table> <p style="text-align: center;"><i>Routine/Standardized FCI</i></p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">CAR</td> <td style="padding: 5px;">CPC</td> <td style="padding: 5px;">DOS</td> <td style="padding: 5px;">EMR</td> <td style="padding: 5px;">IEI</td> <td style="padding: 5px;">ISI</td> <td style="padding: 5px;">RTI</td> </tr> </table>						BIF	CCI	CFI	INC	LDR	PTB	PTX	THI	UIC	UOI	UWR	OTHER (specify): _____			CAR	CPC	DOS	EMR	IEI	ISI	RTI
BIF	CCI	CFI	INC	LDR	PTB	PTX																				
THI	UIC	UOI	UWR	OTHER (specify): _____																						
CAR	CPC	DOS	EMR	IEI	ISI	RTI																				
Does this Evaluation Add/Delete/Update a Violation?		YES	NO	<i>If Yes, fill in the Violations Section(s) on page 2 of this form.</i>																						
Does this Evaluation have Undetermined Violations?		YES	NO																							
Does this Evaluation link to a Commitment?		YES	NO	<i>If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.</i>																						
Does this Evaluation link to a 3007 Request?		YES	NO	<i>If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.</i>																						
Was this Evaluation completed at a Federal Facility? (RCRA Section 6002)		YES	NO	If YES, the Federal Facility Section (on reverse side of this form) must be completed. <i>Only applicable to EPA Owned Inspections (Responsible Agency = E) at Federal Facilities</i>																						
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES NO <i>If Yes, fill in information below.</i>																										
Seq. No.	Agency	Type	Date Determined (mm/dd/yyyy)	Seq. No.	Agency	Type	Date Determined (mm/dd/yyyy)																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			

***Required Fields**

EPA ID Number	Handler Name

VIOLATIONS SECTION
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION	Add	Update	Delete	Link to Above Evaluation	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="checkbox"/> <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	<input style="width: 100%;" type="text"/>
Notes: _____					

LINK CITATIONS TO ABOVE VIOLATION?	YES	NO	If Yes, fill in information below
Citation Type			Citation
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>

VIOLATION	Add	Update	Delete	Link to Above Evaluation	
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Notes: _____					

LINK CITATIONS TO ABOVE VIOLATION?	YES	NO	If Yes, fill in information below
Citation Type			Citation
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VIOLATION	Add	Update	Delete	Link to Above Evaluation	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
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Notes: _____					

LINK CITATIONS TO ABOVE VIOLATION?	YES	NO	If Yes, fill in information below
Citation Type			Citation
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<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>

FEDERAL FACILITY SECTION (Fill out if EPA Owned Inspection at Federal Facility)

YES	NO	RCRA 6002 inspection performed?
YES	NO	Site given RCRA 6002 questionnaire?
YES	NO	Inspector questionnaire completed and mailed?

***Required Fields**