

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number					EIN	
Handler Name						
Street						
City		State		Zip Code		
Actual Generator Status <i>Check only if different from Notified Status.</i>			LQG	SQG	CESQG	Closed
Universe Change Required? <i>(Generator Status Change Required)</i>			YES	NO	If YES, complete the Universe Change Section (on reverse side of this form).	
RCRA Non-Notifier?			YES	NO	If YES, complete the Handler Section (on reverse side of this form).	
Other Facility Information Changes?			YES	NO	If YES, complete the Handler Section (on reverse side of this form).	
*EVALUATION		Add	Update	Delete	You must provide an Evaluation Identifier (also	
* 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"/>
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.				Reclassified SV Date: Only applicable for SNN evaluation type as appropriate.		
Notes: _____						
Evaluation Indicator Field (Check all that apply)						
<input type="checkbox"/> Citizen Complaint		<input type="checkbox"/> Multimedia Inspection		<input type="checkbox"/> Sampling		<input type="checkbox"/> Not Subtitle C
Focused Coverage Areas (Use Only for Evaluation Type FCI)						
<i>Regulation-Specific FCI</i>						
BIF	CCI	CFI	INC	LDR	PTB	PTX
THI	UIC	UOI	UWR	OTHER (specify): _____		
<i>Routine/Standardized FCI</i>						
CAR	CPC	DOS	EMR	IEI	ISI	RTI
Does this Evaluation Add/Update/Delete a Violation?			YES	NO	<i>If Yes, fill in the Violations Section(s) on page 2</i>	
Does this Evaluation link to a Commitment?			YES	NO	<i>If Yes, please use the RCRAInfo 3007</i>	
Does this Evaluation link to a 3007 Request?			YES	NO	<i>If Yes, please use the RCRAInfo 3007</i>	
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES						NO
						<i>If Yes, fill in information below.</i>
*Seq. No.	* Violation Type	* Agency	*Regulation Citation (Type + Citation) <small>(ex. FR 262.1)</small>		*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"/>	<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<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	
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"/>

HANDLER SECTION (Fill out if RCRA Non-Notifier)

Handler Name		Contact	
Street	<input style="width: 100%;" type="text"/>		
City	State	Zip Code	
County	<input style="width: 100%;" type="text"/>		

UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)

i. Indicate the Facility's current Universe(s):	<input style="width: 100%;" type="text"/>								
ii. Indicate the new RCRAInfo Generator Universe: <small>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</small>	LQG Non-Handler	SQG Closed	CEG						
iii. Indicate the new transporter status: <small>(Only fill out if the facility requires a transporter status change)</small>	<p style="text-align: center;">Transporter</p> <p style="text-align: center;"><small>If the transporter box is checked, you must check at least one mode of transportation below:</small></p> <table style="width:100%; border: none;"> <tr> <td style="padding: 2px;">Air</td> <td style="padding: 2px;">Water</td> </tr> <tr> <td style="padding: 2px;">Rail</td> <td style="padding: 2px;">Other</td> </tr> <tr> <td style="padding: 2px;">Highway</td> <td style="padding: 2px;"></td> </tr> </table>		Air	Water	Rail	Other	Highway		<p style="text-align: center;">Non-Transporter</p> <p style="text-align: center;"><small>Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.</small></p>
Air	Water								
Rail	Other								
Highway									

***Required Fields**