

Company: BFGOODRICH

Facility: HENRY

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Session: 1 05-10-92

Revision: 0 10-26-92

System: 1 MANAGEMENT OF CHANGE

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
1. WWTP V-NOTCH WEIR WAS NOT CALIBRATED.	P		1. CALIBRATE	WJG	1. 11/92: THE V-NOTCH WEIR IS TO BE CHECKED IN ACCORDANCE WITH CHAPTER 6 OF THE EPS'S NPDES COMPLIANCE INSPECTION MANUAL. THIS WILL BE PERFORMED ON AN ANNUAL BASIS. A CALIBRATION CHECK WILL BE PERFORMED MONTHLY ON THE SECONDARY MEASURING DEVICES AND THE COMPUTER READOUT TO INSURE RELIABLE DATA. (SDJ,WJG) 12/1/92.
2. THE RADIATION SAFETY OFFICER HAS NOT BEEN TRAINED AND THE PERMIT HAS NOT BEEN UPDATED.	P		2. TRAIN OFFICER	DEG	2. 11/92: TRAINING HAS BEEN SCHEDULED FOR D.E.GIFFIN THE WEEK OF NOV 9TH TO ATTEND THE TN RADIATION SCHOOL. ONCE CERTIFICATION HAS BEEN OBTAINED THE PLANT LICENSE WILL THEN BE AMENDED. (DEC) 2/1/93.
3. ENVIRONMENTAL PROJECT? ((IMPACT) ASSESSMENTS WERE NOT COMPLETED.	C		3. PROVIDE ASSESSMENTS	DMK	3. 11/92: ALL EA'S, AR'S, AND GPO'S NOW HAVE ENVIRONMENTAL IMPACT ASSESSMENTS INCLUDED TO INSURE THAT ENVIRONMENTAL CONCERNS ARE ADDRESSED. COMPLETE 9/1/92
4. SCAFFOLDING WAS NOT INSPECTED QUARTERLY.	C		4. INSPECT	DEG	4. A PM MAINTENANCE WORK ORDER HAS BEEN GENERATED TO INSPECT THE SCAFFOLDING ON A

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					QUARTERLY BASIS. THE PLANT PRESENTLY AND IN THE PAST INSPECTS PRIOR TO EACH USE OF THE SCAFFOLDING WHICH IS MORE FREQUENT THAN QUARTERLY. (COMPLETE) 10/30/92.

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System: 2 RESPONSIBLE CARE

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
1. THERE WAS NOT SUFFICIENT DOCUMENTATION SUPPORTING STAGE VI PROGRESS OF THE RESPONSIBLE CARE POLLUTION PREVENTION CODE.	P		1. PROVIDE AN UP-TO-DATE QUALITATIVE EMISSIONS INVENTORY.	DMK	1. 11/92: THE POLLUTION PREVENTION CODE INVENTORY WILL BE UPDATED AND SUBMITTED. (DMK) 12/1/92.
			2. EVALUATE POTENTIAL IMPACT OF RELEASES ON THE ENVIRONMENT AND THE HEALTH AND SAFETY OF EMPLOYEES AND THE COMMUNITY.	DMK	2. 11/92: AN EVALUATION OF THE POTENTIAL RELEASE ON THE ENVIRONMENT AND THE SAFETY OF EMPLOYEES AND THE COMMUNITY HAS BEEN PERFORMED. THIS WAS PERFORMED IN CONNECTION WITH THE REQUIREMENTS OF THE ILLINOIS CHEMICAL SAFETY ACT. (COMPLETE) 1/1/92
			3. ESTABLISH PRIORITIES TAKING INTO CONCERN POTENTIAL HEALTH AND SAFETY IMPACTS.	DMK	3. 11/92: ONCE THE PRIORITIES HAVE BEEN ESTABLISHED, MEETINGS WITH PLANT EMPLOYEES AND THE PUBLIC WILL BE HELD TO RECEIVE THEIR RECOMMENDATIONS. (DMK, PD) 8/1/93

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System: 2 RESPONSIBLE CARE

Category: RECOMMENDATIONS

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QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
			4. PROVIDE MEASUREMENT OF ON GOING REDUCTION PROGRESS.	DMK	4. UPDATE POLLUTION PREVENTION CODE INVENTORY ANNUALLY. (DMK) ANNUALLY.

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System: 3 SOLID AND HAZARDOUS WASTE MANAGEMENT

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
1. HAZARD WASTE MANAGEMENT WAS DEFICIENT IN SEVERAL AREAS.			1. ALL SEVEN SATELLITE ACCUMULATION AREAS WERE NOT INSPECTED ON A WEEKLY BASIS. ADDRESS.	DMK	1. 11/92: THE PLANT WASTE HANDLING PROCEDURES HAVE BEEN THOROUGHLY REVIEWED WITH RESPECT TO RCRA GUIDELINES, BFG POLICY AND GMP SINCE THE AUDIT AND CORRECTED ACCORDINGLY. ALL SATELLITE ACCUMULATION AREAS ARE NOW INSPECTED WEEKLY BY AN S&E OPERATOR, THE PRODUCTION OPERATORS ARE RESPONSIBLE FOR MAINTAINING THE SATELLITE ACCUMULATION DRUMS IN ACCORDANCE WITH RCRA REGULATIONS. (COMPLETE) 9/1/92.
			2. DRUMS OF HAZARDOUS WASTE ON THE FLAMMABLE STORAGE PAD WERE NOT LABELED WITH THE WORDS "HAZARDOUS WASTE" OR THE ACCUMULATION DATE. ADDRESS.	DMK	2. PROCEDURES HAVE BEEN ESTABLISHED AND TRAINING GIVEN TO INSURE THAT NO HAZARDOUS WASTE IS STORED ON THE FLAMMABLE STORAGE PAD. THE S&E OPERATORS ARE RESPONSIBLE FOR RECEIVING ALL HAZARDOUS WASTE FROM PRODUCTION'S

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System: 3 SOLID AND HAZARDOUS WASTE MANAGEMENT

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
					OPERATIONS. (COMPLETE) 9/1/92.
		3. CONTAMINATED MATERIAL, CONTAINED IN DRUMS LOCATED ON THE FLAMMABLE STORAGE PAD, HAS NOT BEEN DETERMINED TO BE A HAZARDOUS OR NONHAZARDOUS WASTE. RESOLVE.	DMK	3. ALL DRUMS THAT WERE HAZARDOUS OR SPECIAL WASTE WERE LABELED ACCORDINGLY AND MOVED TO PROPER STORAGE LOCATION. (COMPLETE) 9/1/92	
		4. ONE BULK CONTAINER OF WASTE WAS IDENTIFIED AS CONTAINING A HAZARDOUS WASTE BUT WAS NOT LABELED AND DID NOT HAVE AN ACCUMULATION DATE. LABEL.	DMK	4. THE BOX IN QUESTION WAS LABELED THE SAME DAY AND WAS SHIPPED 8/21/92. THERE ARE INDICATIONS THAT THE MATERIAL PRESENTLY BEING DISPOSED OF IN THE CONTAINER IS NO LONGER HAZARDOUS SINCE THE MATERIAL WHICH MADE IT HAZARDOUS IS NOW SOLD AS OFF-GRADE PRODUCT. WE ARE IN THE PROCESS OF CHARACTERIZING THE WASTE. (DMK, SDJ) 12/1/93.	
		5. A DRUM OF HAZARDOUS WASTE IN THE LABORATORY SATELLITE ACCUMULATION AREA WAS NOT CLOSED WITH A LID. REMEDY.	DMK	5. PROCEDURES AND CHECKS ARE IN PLACE TO INSURE THAT LIDS ARE CLOSED AT ALL TIMES ON SATELLITE ACCUMULATION DRUMS EXCEPT WHEN BEING FILLED. (COMPLETE) 9/1/92.	
		6. POTENTIALLY REUSABLE MATERIALS WERE STORED IN DRUMS LABELED "SCRAP" AND "WASTE" AT THE	DMK	6. ALL DRUMS HAVE BEEN LABELED PROPERLY ACCORDING TO THEIR CONTENTS AND MOVED TO PROPER	

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System: 3 SOLID AND HAZARDOUS WASTE MANAGEMENT

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
			FLAMMABLE STORAGE		STORAGE AREAS.
			PAD. CORRECT.		(COMPLETE) 8/21/92.
2. WASTE OIL WAS SENT TO A FACILITY WHICH WAS NOT AUTHORIZED BY BFG.	C	THE FACILITY DISPOSED OF WASTE OIL AT AN OIL RECYCLING FACILITY THAT WAS NOT INCLUDED ON THE FACILITY'S LIST OF APPROVED TREATMENT, STORAGE AND DISPOSAL (TSD) FACILITIES.	7. CORRECT	DMK	7. 11/92: PERMISSION WAS RECEIVED FROM JIM LEWIS BY PHONE PRIOR TO SHIPPING THE USED OIL TO SAFETY KLEEN. THE DATE PERMISSION WAS GRANTED WAS NOT DOCUMENTED. (COMPLETE) 10/27/92.

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System: 4 DRINKING WATER MANAGEMENT

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
1. SAMPLING RESULTS WERE NOT REPORTED TO THE STATE WITHIN 30 DAYS.	C		1. RESOLVE	DMK	1. 11/92: VOC DATA WAS SUBMITTED TO THE PUBLIC HEALTH DEPARTMENT. (COMPLETE) 10/20/89.
2. THERE IS NO DOCUMENTATION THAT POTABLE WATER SYSTEM IS "LEAD FREE".	P		2. GENERATE DOCUMENTATION	DMK	2. 11/92: NO RECORDS ARE AVAILABLE TO DETERMINE IF "LEAD FREE" SOLDER AND FLUX HAS BEEN USED IN THE POTABLE WATER SYSTEM SINCE JUNE 19, 1986. A MONITORING PROCEDURE WILL BE ESTABLISHED FOR LEAD IN THE POTABLE WATER. NOTICE WILL BE POSTED FOR POSSIBLE LEAD CONTAMINATION IN DRINKING WATER. PROCEDURES WILL BE ESTABLISHED TO INSURE THAT "LEAD FREE" PIPES, SOLDER, AND FLUX ARE USED IN ALL FUTURE CHANGES

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System: 4 DRINKING WATER MANAGEMENT

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A:	REMARKS	RECOMMENDATIONS	BY	COMMENTS
					TO THE DRINKING WATER SYSTEM. (DMK) 12/31/92.
3. THERE WAS NO NOTIFICATION POSTED INFORMING PERSONNEL OF THE LEAD CONTENT IN THE DRINKING WATER.	P		3. POST NOTIFICATION	DMK	3. SEE ITEM 2 ABOVE.
4. THE FACILITY HAS NOT DEMONSTRATED THAT THE WATER SYSTEM IS "LEAD FREE".	P		4. ADDRESS	DMK	4. SEE ITEM 2 ABOVE.
5. NON-POTABLE WATER SYSTEM IS NOT LABELED	P		5. LABEL	DMK	5. 11/92: A FLOW DIAGRAM OF THE POTABLE WATER SYSTEM WILL BE DEVELOPED BY 8/31/93. LABELING IS PRESENTLY BEING DONE TO PREVENT INADVERTENT CONSUMPTION OF NON- POTABLE WATER. (DMK) 8/31/93.

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System: 5 AIR QUALITY MANAGEMENT

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A:	REMARKS	RECOMMENDATIONS	BY	COMMENTS
1. THERE ARE NO WRITTEN PROCEDURES FOR ENSURING AIR POLLUTION SOURCE COMPLIANCE.	P		1. ISSUE PROCEDURES	DMK	1. 11/92: ALL EXISTING WRITTEN PROCEDURES WILL BE CHECKED TO DETERMINE IF PROCEDURES ARE IN PLACE TO INSURE PROPER OPERATION OF THE POLLUTION CONTROL DEVICES. ALL AIR POLLUTION CONTROL DEVICES THAT ARE NOT INCLUDED IN WRITTEN PROCEDURES WILL HAVE A PROCEDURE ESTABLISHED TO INSURE PROPER

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System: 5 AIR QUALITY MANAGEMENT

Category: RECOMMENDATIONS

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QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
					OPERATION. RECORDS
					OF CONTROL DEVICE
					MAINTENANCE (WHERE
					APPLICABLE) WILL BE
					MAINTAINED.
					(MEG, JDB) 5/31/93

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System: 6 COMMUNITY-RIGHT-TO-KNOW

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
1. THERE IS NO DOCUMENTATION THAT SARA 302 NOTIFICATION WAS SUBMITTED.	C		1. GENERATE DOCUMENTATION	DNK	1. 11/92: A COPY OF THE SARA 302 NOTIFICATION LETTER SUBMITTED TO THE SERC IS ON FILE IN THE ENVIRONMENTAL OFFICE. (COMPLETE) 5/6/97.

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System: 7 HAZARD COMMUNICATION

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
1. BOXES OF PVC DISPERSION STRAININGS HAD TWO CONFLICTING HAZARD LABELS.	P		1. CORRECT	DEG	1. THE GEON WAREHOUSE WILL BE AUDITED FOR NONCOMPLIANCE AND THE PACKAGING LABELING WILL BE CORRECTED. (MEG) 12/31/92.

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System: 8 INDUSTRIAL HYGIENE MANAGEMENT

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
1. APPROXIMATELY FIVE (5) PERCENT OF TWA EXPOSURE MONITORING RESULTS FOR VINYL CHLORIDE EXCEEDED THE PEL WITHOUT RESPIRATORY	C		1. MAINTAIN FOLLOWUP PROGRAM	DEG	1. PLANT CURRENTLY CONDUCTS BOARD OF INQUIRES WHENEVER AN INDIVIDUAL EXCEEDS A PEL WITHOUT

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System: 5 INDUSTRIAL HYGIENE MANAGEMENT

Category: RECOMMENDATIONS

Dwg#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
PROTECTION.					RESPIRATORY EQUIPMENT. ACTION ITEMS DESIGNED TO ELIMINATE THE OVER- EXPOSURE ARE GENERATED AND FOLLOW UP OCCURS AS PART OF OUR BOI PROGRAM. (CONTINUING & COMPLETE)
2. PROCEDURE FOR "YELLOW LIGHT" ALARM DOES NOT ENSURE EXPOSURES WILL BE LESS THAN THE PEL.	P		2. CORRECT	DEG	2. ALTERNATIVES ARE BEING INVESTIGATED TO INSURE THAT PERSONNEL ARE NOT EXPOSED TO GREATER THAN THE PEL WITHOUT USE OF A RESPIRATOR WHILE PERFORMING WORK UNDER A YELLOW LIGHT. (MEG/RDM) 3/1/93.
3. THERE IS NOT A FORMAL HEAT STRESS PROGRAM.	P		3. ADDRESS	DEG	3. A PLANT SAFETY POLICY WILL BE ISSUED IDENTIFYING THE CURRENT TRAINING PROGRAM PLUS ADDITIONAL ADMINISTRATIVE AND EQUIPMENT CONTROLS. (DEG) 6/1/93.
4. DOCUMENTATION FOR INVESTIGATING STS'S WAS DISORGANIZED AND INCOMPLETE	P		4. ADDRESS	DEG	4. A PLANT PROCEDURE WILL BE ISSUED IDENTIFYING THE ADMINISTRATION OF STS'S AND HEARING RECORDABILITY. THE PROCEDURE WILL INCLUDE THE DOCUMENTATION REQUIREMENTS. (DEG) 12/31/92.

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System: 9 INDUSTRIAL SAFETY

Category: RECOMMENDATIONS

Draw#:

QUESTION	A	REMARKS	RECOMMENDATIONS	BY	COMMENTS
1. SEVERAL EXIT SIGNS WERE NOT ILLUMINATED.	P		1. COMPLETE EXIT SIGN PROGRAM	DEG	1. THE PRESENT PROGRAM TO REPLACE EXISTING EXIT SIGNS THAT DO NOT MEET THE ILLUMINATION REQUIREMENTS WILL BE COMPLETED ALONG WITH THE AUDITING OF EXIT SIGNS THAT ARE LOCATED ON THE DOORS. SIGNS THAT ARE NOT VISIBLE WHEN THE DOOR IS OPEN WILL BE RELOCATED. (DEG) 12/31/92.
2. PALLETS IN PVC SACK AREA WERE BOWED.	C		2. ADDRESS	DEG	2. THE WOODEN PALLETS THAT WERE BOWING IN THIS APPLICATION HAVE BEEN TAKEN OUT OF SERVICE. IN ADDITION THE SUPER SACKS ARE BEING STACKED IN A MANNER SO THAT INDIVIDUALS ARE NOT PHYSICALLY EXPOSED TO A SECOND LEVEL OF BAGS. (COMPLETE) 8/14/92.
3. EYEWASH STATIONS WERE UNCLEAR.	P		3. ADDRESS	DEG	3. EACH PRODUCTION AREA WILL BE RESPONSIBLE FOR THE CLEANING OF EYEBATHS. LONG RANGE THE PORCELEIN EYEBATHS WILL BE CHANGED OUT WITH MORE MODERN NON-BOWL DESIGNS. (MEG/JDK) 12/31/92.

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