



Government of the District of Columbia
Department of Energy & Environment
Hazardous Waste Branch
Annual Self-Certification of Compliance
2018



A. Facility Information

Facility EPA ID Number: _____
Facility Name: _____
Facility Street Address: _____
City, State, Zip Code: _____

B. Point of Contact Information

_____	_____
Point of Contact Name	Point of Contact Title
_____	_____
Point of Contact E-mail	Point of Contact Phone

C. Compliance Information Questions

- 1 Has the facility's Name, Point of Contact, mailing address, or any other information changed in the past year? ☐ YES ☐ NO
- 2 **Expected** Generator Status for calendar year 2018: ☐ VSQG ☐ SQG
- 3 Have you determined if any of the waste you generate is classified as hazardous waste, universal waste, or used oil? ☐ YES ☐ NO
- 4 Are all hazardous waste containers labeled, dated, and closed as required by DC regulations? ☐ YES ☐ NO ☐ N/A
- 5 Are all Universal Waste containers labeled, dated, and closed as required by DC regulations? ☐ YES ☐ NO ☐ N/A
- 6 Are all containers storing Used Oil closed, labeled, and in secondary containment? ☐ YES ☐ NO ☐ N/A
- 7 Did your facility have any spills or releases during the previous calendar year? ☐ YES ☐ NO
- 8 Are you using a Lamp/Bulb crusher or crushing Aerosol cans? ☐ YES ☐ NO
- 9 Are wastes mixed or diluted at your facility for the purposes of reducing cost of disposal? ☐ YES ☐ NO
- 10 Are all universal and/or hazardous wastes shipped off-site by an environmental contractor? ☐ YES ☐ NO
- 11 Have you done anything to reduce the amount of universal or hazardous waste you generate? If yes, please explain: ☐ YES ☐ NO

*NOTE: Questions 13-15 are in reference to the amount of waste **GENERATED** (not shipped).*

13 How much Universal Waste did this facility **generate** during 2017?

Number of Lamps _____ Number of Batteries _____ **OR** total lbs.: _____

14 How much Hazardous Waste did this facility **generate** during 2017? _____ lbs. or _____ gallons

15 How many gallons of Used Oil did this facility **generate** during 2017? _____ gallons

Small Quantity Generators (SQG) Only:

16 Have you designated an Emergency Coordinator? ☐ YES ☐ NO

17 Have you posted the required emergency information? ☐ YES ☐ NO

18 Do you maintain copies of manifests at the facility for at least three years? ☐ YES ☐ NO

19 Have you trained your staff in accordance with state and federal regulations? ☐ YES ☐ NO

Additional Questions:

20 Does your business have less than eight (8) employees ☐ YES ☐ NO

21 Would your facility be interested in Compliance Assistance? ☐ YES ☐ NO

22 If your facility would prefer to receive this document via email next year, please provide an email address here: _____

D. Certification Statement

"I attest under the pains and penalties of perjury:

- (i) that I have personally examined and am familiar with the information contained in this certification statement, including any and all documents accompanying this certification statement;
- (ii) that, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is to the best of my knowledge, true, accurate, and complete;
- (iii) that systems to maintain compliance are in place at the facility and will be maintained for the coming year even if processes or operating procedures are changed over the course of the year; and
- (iv) that I am fully authorized to make this attestation on behalf of this facility.

Criminal Penalties for Making False Statements

Any person convicted of making false statements shall be fined not more than \$1000, or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia Government, under circumstances in which the statement could reasonably be expected to be relied upon as true. (D.C. Official Code § 22-2405)

Print Name: _____

Title: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Date Form Received/By: _____ Date entered into RCRAInfo/By: _____

Generator Status for 2017 based on reported amounts: VSQG SQG

Comments _____