



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
HOST SITE SELF-AUDIT



NOTE ▶ PLEASE EITHER PRINT OR TYPE

FACILITY INFORMATION

| | | | | |
|------------------------------------|-------------------|--|------------------------------------|--|
| 1. FACILITY NAME EPC, Inc. | | ADDRESS 3941 Harry S Truman Blvd | | |
| CITY St Charles | STATE MO | ZIP CODE 63301 | TELEPHONE NUMBER (636) 443-1999 | |
| 2. OWNER (OTHER) NAME | | TITLE | | |
| TELEPHONE NUMBER | CELL PHONE NUMBER | | FAX NUMBER (636) 443-1998 | |
| WEB SITE ADDRESS www.epcusa.com | | E-MAIL ADDRESS dave.beal@epcusa.com | | |

3. PERSON FILLING OUT THIS FORM:
David Beal

SECTION A: GENERAL COMPANY INFORMATION

| | | |
|--|---------------------------|--------------------------------|
| 4. NEAREST CITY OR TOWN St. Charles | | COUNTY St. Charles |
| 5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) EPC is a wholly owned subsidiary of CSI Leasing Inc. | | |
| 6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 125 | NUMBER OF VOLUNTEERS 0 | YEARS IN E-SCRAP BUSINESS 8 |

7. SERVICES THIS FACILITY PROVIDES (CHECK ALL THAT APPLY)

Broker
 Collector
 Charity/Service
 Demanufacturer
 Government
 Refurbisher/Reseller
 Transporter
 Other _____

Attach a detailed explanation of each.

8. LIST E-CYCLING EQUIPMENT USED.
Normal hand tools,

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.
See attached.

| | |
|---|------------------------------|
| PLEASE RETURN THIS ORIGINAL TO Missouri Department of Natural Resources – Hazardous Waste Program P.O. Box 176 Jefferson City, Missouri 65102-0176 (573) 751-3176 | OFFICE USE ONLY |
| | DATE RECEIVED JAN 17 2012 |

| | | |
|---|---|--|
| 10. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMANUFACTURING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | IF "NO," OR IF ONLY A PORTION ARE DEMANUFACTURED, WHAT DO YOU DO WITH THE EQUIPMENT AND COMPONENTS? <input checked="" type="checkbox"/> RESELL <u>70</u> % <input type="checkbox"/> EXPORT _____ % | |
| 11. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | IF "YES," WHAT ITEMS ARE SHREDDED? Hard Drives | |
| 12. WHAT OTHER SERVICES DOES THIS FACILITY PROVIDE? (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> HARD DRIVE ERASURE/DESTRUCTION (SECURE DATA DESTRUCTION) <input checked="" type="checkbox"/> PALLETIZING AND PICKUP <input checked="" type="checkbox"/> PRODUCT TRACKING THROUGH FINAL DISPOSITION <input type="checkbox"/> OTHER _____ | | |
| 13. TYPES OF COMPUTERS AND PERIPHERALS ACCEPTED (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Monitor _____ <input checked="" type="checkbox"/> CD/CDRW Drive _____ <input checked="" type="checkbox"/> Desktop CPU _____ <input checked="" type="checkbox"/> DVD Drive _____ <input checked="" type="checkbox"/> Floppy Drive _____ <input checked="" type="checkbox"/> Hard Drive _____ <input checked="" type="checkbox"/> Laptop _____ <input checked="" type="checkbox"/> Modem _____ <input checked="" type="checkbox"/> Notebook _____ <input checked="" type="checkbox"/> Printer _____ <input checked="" type="checkbox"/> Router _____ <input checked="" type="checkbox"/> Scanner _____ <input checked="" type="checkbox"/> Speakers _____ <input checked="" type="checkbox"/> Zip Drive _____ <input type="checkbox"/> Other _____ | | |
| If there is a collection fee, please indicate the amount on the line next to each item. | | |
| 14. TYPES OF POCKET PC'S ACCEPTED (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Battery back-up _____ <input checked="" type="checkbox"/> Data Cartridge _____ <input checked="" type="checkbox"/> PC and digital camera _____ <input checked="" type="checkbox"/> Server _____ | | |
| If there is a collection fee, please indicate the amount on the line next to each item. | | |
| 15. TYPES OF COMMUNICATION DEVICES ACCEPTED (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Answering Machine _____ <input checked="" type="checkbox"/> Cellular Telephone _____ <input checked="" type="checkbox"/> Corded Telephone _____ <input checked="" type="checkbox"/> Cordless Telephone _____ <input checked="" type="checkbox"/> Pager _____ <input type="checkbox"/> Other _____ | | |
| If there is a collection fee, please indicate the amount on the line next to each item. | | |
| 16. OTHER TYPES OF EQUIPMENT ACCEPTED (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Adding Machine _____ <input checked="" type="checkbox"/> Fax Machine _____ <input checked="" type="checkbox"/> Photocopier _____ <input checked="" type="checkbox"/> Multifunction Machine _____ <input checked="" type="checkbox"/> Television _____ <input type="checkbox"/> Other _____ | | |
| If there is a collection fee, please indicate the amount on the line next to each item. | | |
| SECTION B: COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS | | |
| 17. EPA IDENTIFICATION NO., IF APPLICABLE MOR000512863 | MISSOURI IDENTIFICATION NO., IF APPLICABLE | RESOURCE RECOVERY CERTIFICATION NO., IF APPLICABLE |
| 18. HAS YOUR COMPANY EVER BEEN INSPECTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 19. FEDERAL, STATE AND LOCAL ENVIRONMENTAL LAW COMPLIANCE HISTORY. ATTACH THE FOLLOWING INFORMATION a. List of all federal, state, or local environmental agency inquiries and enforcement actions during the past 5 years. b. Reports to government agencies during the past 5 years | | |
| 20. ATTACH DOCUMENTATION OF ALL REQUIRED PERMITS <input type="checkbox"/> Air Permit <input type="checkbox"/> Building Permit <input checked="" type="checkbox"/> Business Permit <input type="checkbox"/> Occupancy Permit <input type="checkbox"/> Missouri Hazardous Waste Management Facility Part I Permit <input type="checkbox"/> Hazardous and Solid Waste Amendments Part II Permit <input type="checkbox"/> Resource Recovery Certification <input type="checkbox"/> Solid Waste Permit <input type="checkbox"/> Storm Water Permit <input type="checkbox"/> Transportation/Licensure <input type="checkbox"/> Zoning Permit <input type="checkbox"/> Other _____ | | |
| SECTION C: END-USE MARKETS | | |
| 21. Approximately <u>1</u> % (by weight) of <u>234</u> tons per year of all equipment received is landfilled or incinerated for disposal. Attach handling and processing documentation, including the demanufacturing and disposition process and reuse/recycling end markets documentation (examples: landfill receipts, brokering contracts, recycler contracts, etc). | | |
| 22. DO YOU EXPORT, OR BROKER FOR EXPORT, WORKING USED EQUIPMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT | |
| 23. DO YOU EXPORT, OR BROKER FOR EXPORT, NON-WORKING USED EQUIPMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attach documentation showing that your company obtained consent from the importing country through the U.S. EPA, Region 7 Director. | | |
| 24. Attach documentation from your downstream vendors showing their management procedures and their respective downstream vendors. | | |

SECTION D: RISK MANAGEMENT

25. DO YOU HAVE A CLOSURE PLAN?

Yes No

Attach a copy of the plan.

26. DO YOU HAVE GENERAL LIABILITY INSURANCE?

Yes No Amount of Coverage 1mil

Attach a copy of the policy.

27. DO YOU HAVE OTHER TYPES OF INSURANCE?

Yes No

List the type and amount of coverage and attach a copy of the policy.

See Attached Yearly Insurance Review

DISCLOSURE CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am aware that I am responsible for updating this information in a timely manner and will operate within the constraints of Missouri environmental law and regulations.

SIGNATURE

[Original signature on file]

DATE

1/17/2012

PRINTED NAME

David Beal

TITLE

VP, Recycling