



**Massachusetts Department of Environmental Protection**  
**Bureau of Waste Prevention / Solid Waste Management**

**Third-Party Inspections – 310 CMR 19.018(8)**  
**Corrective Action Plan & Schedule**

**Important:** When completing this form on a computer, use only the Tab key to move your cursor – not the Return key.



## Instructions

In the event that a third-party inspection report prepared in accordance with 310 CMR 19.018(8) contains a recommendation for corrective action(s) at a Solid Waste Management Facility, the owner or operator shall complete and sign **Section IV. Certification** of this form. Pursuant to 310 CMR 19.018(8)(c), the owner or operator shall submit the completed Corrective Action Plan and Schedule form, along with the third-party inspection report with attachments to the appropriate MassDEP Regional Office, and a copy of this form and each completed inspection report with attachments to the board of health of the municipality in which the facility is located. Be sure to obtain the most recent version of this form. All applicable sections of the submitted form must be completed to be accepted by MassDEP. Blank forms and additional instructions on using this form are available online:

<http://www.mass.gov/eea/agencies/massdep/recycle/approvals/solid-waste-applications-and-forms.html#8>

## I. Facility Information

Identify the facility and responsible official.

### A. Facility

Facility Name

City/Town

MA

State

FMF Number

### B. Responsible Official

Responsible Official Name (Individual)

Responsible Official Email Address

Responsible Official Company Name

Responsible Official Telephone Number

## II. Third-Party Inspection

Enter the date of the third-party inspection and identify the inspector that conducted the inspection related to this corrective action plan.

Inspection Date (MM/DD/YYYY)

Third-Party Inspector Name

**Continue to Next Page ►**



**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

**Third-Party Inspections – 310 CMR 19.018(8)  
Corrective Action Plan & Schedule**

**Important:** When completing this form on a computer, use only the Tab key to move your cursor – not the Return key.



### III. Plan & Schedule for Corrective Action

Pursuant to 310 CMR 19.018(8)(c)2., the owner or operator shall provide the following:

- a. A written report documenting the completion of the corrective action(s) [recommended in the report];
- b. Documentation or explanation why corrective action is not needed; or
- c. A plan and schedule for completing the corrective action(s).

Note: The owner or operator may elect to correct deviations identified in the inspection report in a manner that is different than that recommended by the third-party inspector, so long as the facility is brought back into compliance with applicable requirements.

Discuss the status of the corrective actions recommended in the third-party inspection report. For each deviation documented in the inspection report, describe the corrective action(s) that have been taken, or that will be taken, by the owner or operator to return the facility to compliance with the applicable requirements. Provide the schedule for completing each corrective action, or, as applicable, provide the date the corrective action was completed. If the facility owner/operator intends to submit a permit application in order to complete the corrective action(s), please identify the permit type and anticipated submittal schedule. Contact MassDEP (Regional Office) if you are not sure the corrective action(s) will require a filing to MassDEP prior to implementation.



**Massachusetts Department of Environmental Protection**  
**Bureau of Waste Prevention / Solid Waste Management**

**Third-Party Inspections – 310 CMR 19.018(8)**  
**Corrective Action Plan & Schedule**

**Important:** When completing this form on a computer, use only the Tab key to move your cursor – not the Return key.



#### IV. Certification

##### FACILITY OWNER/OPERATOR

"I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment."

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (MM/DD/YYYY)

The owner/operator of the facility shall submit this form along with the third-party inspection report to the Department with a copy to the board of health of the municipality in which the facility is located no later than 30 days following the date of the inspection. Pursuant to 310 CMR 19.018(8)(c), a copy of each third-party inspection report shall be maintained at the facility in accordance with the requirements of 310 CMR 19.000. The owner and operator shall make third-party inspection reports available to personnel or authorized representatives of the Department for review at the facility upon request.

<b>Within 30 days of the inspection date:</b>	<ul style="list-style-type: none"><li>• Mail this completed form to the MassDEP Regional Office that serves the municipality in which the facility is located. (Attention: Solid Waste Management)</li><li>• Send one copy to the local board of health for the municipality in which the facility is located.</li></ul>	A list of municipalities and MassDEP Regional Offices is available online at: <a href="http://www.mass.gov/eea/agencies/massdep/about/contacts/find-the-massdep-regional-office-for-your-city-or-town.html">http://www.mass.gov/eea/agencies/massdep/about/contacts/find-the-massdep-regional-office-for-your-city-or-town.html</a>
---	--	---