Industrial Facility Mercury Survey

The Town/City of \_\_\_\_\_\_\_\_\_\_\_ is implementing a Mercury Minimization Plan per NPDES permit requirements. As a potential source of mercury your facility is being asked to complete and return the following survey questions. Thank you for your cooperation.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Has your facility established a mercury policy to reduce and/or virtually eliminate mercury at your facility? |  |  |
| Has you facility developed a plan to phase out mercury containing devices? |  |  |
| Has your facility established mercury management protocols for safe handling, mercury spill cleanup and disposal procedures and education and training of employees? |  |  |
| Has your facility inventoried all mercury containing devices (switches, thermostats, etc.)? |  |  |
| Has your facility labeled mercury containing devices to recycle at end of life? |  |  |
| Has your facility implemented a program to recycle fluorescent lamps? |  |  |
| Has your facility implemented a battery collection program? |  |  |
| Has your facility requested certificates of analysis for bulk chemicals suspected to have mercury contamination? |  |  |
| Has your facility reduced the use of mercury containing chemicals as much as feasible? |  |  |
| If applicable, has your facility inventoried mercury containing lab chemicals, thermometers, and other devices with a plan for non-mercury product substitution? |  |  |

Name, email address and phone # of facility contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Name of Facility Address

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Return completed survey to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_