



Clean Plant Assessment



Company Name _____ Today's Date: ___/___/___

Contact Name _____ Title: _____

Thank you for taking the time to do this Plant Assessment. Completely filling out each of the questions below will help us understand your facility better so that we may better serve your needs.

What products or services does your facility produce? _____

How many buildings are there in your facility? _____

How many employees work on site at your facility? _____

Please select the applications in which absorbents would be used

- Leaks and Drips Overspray Foot Traffic
- General Housekeeping Emergency Spill Response
- Other _____

Do you purchase absorbents through the use of a Corporate Agreement?

- No Yes - If yes, what office sets these up? _____

Are you using a min/max system?

- No Yes

Do you purchase for other sites within your company?

- No Yes – If yes, where?

Company Name _____ Location _____
(City, State)

Company Name _____ Location _____
(City, State)

Company Name _____ Location _____
(City, State)

Does your system work with Blanket Purchase Orders?

- No Yes

Who in your company decides which suppliers to purchase from? _____

What do you feel are your current problem areas? _____

What are your current solutions to these problems?

What do you like or dislike about these solutions?

Which liquids are commonly used within your facility?
 Water based liquids Oil/Petroleum Products
 Flammables Solvents Other _____

List any chemicals you might know by name that are regularly used in your facility:

Approximately how many hours per week do your workers spend in "housekeeping" functions? _____

What would you estimate the cost of these services to be? \$_____ per week

Has your company, in the past 12 months, lost any time due to slip and fall accidents associated with wet floors?
 No Yes

What were the workman's compensation costs associated with this/these accident(s)?

Absorbents, Wipers and Looses

Now that we have a good broad view of your facility, let's look at some specific solutions. We will start with absorbents, which includes pads, rolls, pillow or pans. Then we will look at wipers/rags and loose absorbents and finally, spill response.

Absorbents (including mats, pads, rolls, pillows, pans or boom)

Please select the types of absorbents that are currently in use within your facility:

- | | | | |
|--------------------------------------|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Rolls | <input type="checkbox"/> Pads | <input type="checkbox"/> Socks | <input type="checkbox"/> Pillows |
| <input type="checkbox"/> Booms | <input type="checkbox"/> Drip Pans | <input type="checkbox"/> Industrial Rugs | |
| <input type="checkbox"/> Other _____ | | | |

What companies do you currently purchase absorbents from? _____

What brands are you purchasing? _____

Approximately how much does your company spend on absorbents per year?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 – \$2,500 | <input type="checkbox"/> \$2,501 – \$5,000 | <input type="checkbox"/> \$5,001 – \$10,000 |
| <input type="checkbox"/> \$10,001 – \$15,000 | <input type="checkbox"/> \$15,001 – \$20,000 | <input type="checkbox"/> \$20,001 - \$25,000 |
| <input type="checkbox"/> \$25,001 - \$30,000 | <input type="checkbox"/> \$30,001 + | |

How often do you purchase absorbents?

- | | | | |
|---------------------------------|----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Yearly | <input type="checkbox"/> As Needed |
|---------------------------------|----------------------------------|---------------------------------|------------------------------------|

Where are you currently using absorbents?

- | | | |
|----------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Indoors | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Both |
|----------------------------------|-----------------------------------|-------------------------------|

How often do you change or replace absorbents?

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> When they appear dirty | <input type="checkbox"/> When they are completely saturated | |
| <input type="checkbox"/> Other _____ | | |

What departments within your facility currently use absorbents?

- | | | | |
|---|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Safety | <input type="checkbox"/> Production | <input type="checkbox"/> Environmental | <input type="checkbox"/> Dispensing |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Waste Water | <input type="checkbox"/> Manufacturing | |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Drum/Waste | <input type="checkbox"/> Storage | |
| <input type="checkbox"/> Other _____ | | | |

Of the types of machinery in within your facility, which would be the most likely to benefit from the use of absorbents? _____

Wipers/Rags

Are you using any of the following?

- Disposable Cloth Rags Disposable Wipers Laundered Cloth Rags
 Shop Towels Paper Towels

Who are you purchasing these products from? _____

What brands are you purchasing? _____

Approximately how much does your company spend each year on wipers?

- \$0 – \$2,500 \$2,501 – \$5,000 \$5,001 – \$10,000
 \$10,001 – \$15,000 \$15,001 +

What is your estimated usage on wiper products, including rags and towels, per month?

In what applications are you using wipers/rags?

Loose Absorbents (including clay)

Do you use loose absorbents within your facility?

- No Yes

Who are you purchasing these products from? _____

What brands are you purchasing? _____

Approximately how much does your company spend each year on loose absorbents?

- \$0 – \$2,500 \$2,501 – \$5,000 \$5,001 – \$10,000
 \$10,001 – \$15,000 \$15,001 +

What is your estimated usage on loose absorbents per month? _____ Bags

In what applications are you using loose absorbents? _____

Spill Response

Do you currently use any of the following for spill response?

- Spill Kits Loose Absorbents Trailers Vacuum
 Other _____

Who are you purchasing these products from? _____

What brands are you purchasing? _____

Approximately how much does your company spend each year on spill response?

- \$0 – \$2,500 \$2,501 – \$5,000 \$5,001 – \$10,000
 \$10,001 – \$15,000 \$15,001 +

How many spill kits are currently maintained at your facility? _____

Are they:

- Indoor Outdoor Both Neither

Please select any items of concern regarding spills within your facility:

- Waterways Storm Drains Fueling Stations
 Rail side Internal Drain Systems Other Internal Spills
 Public Drainage Systems Other _____

What is your worst case scenario spill? (Please list volumes of each liquid where possible)

Additional Comments:

Storage, Handling and Disposal

Let's talk about storage first, then we will move on to Disposal...

Storage

Do you currently have storage and disposal products?

No Yes

Who are you purchasing these products from? _____

What brands are you purchasing? _____

Approximately how much does your company spend on storage, handling and disposal per year?

\$0 – \$2,500 \$2,501 – \$5,000 \$5,001 – \$10,000
 \$10,001 – \$15,000 \$15,001 +

What are your current storage needs? _____

Is your facility considered to be any of the following?

Large Quantity Generator
 Small Quantity Generator
 Treatment Storage Disposal Facility

For each of the following, please indicate your current usage

Waste Reduction	<input type="checkbox"/> Use	<input type="checkbox"/> Need	<input type="checkbox"/> No Need	Annual Expense \$ _____
Funnels	<input type="checkbox"/> Use	<input type="checkbox"/> Need	<input type="checkbox"/> No Need	Annual Expense \$ _____
Drums	<input type="checkbox"/> Use	<input type="checkbox"/> Need	<input type="checkbox"/> No Need	Annual Expense \$ _____
Pumps	<input type="checkbox"/> Use	<input type="checkbox"/> Need	<input type="checkbox"/> No Need	Annual Expense \$ _____
Spill Decks	<input type="checkbox"/> Use	<input type="checkbox"/> Need	<input type="checkbox"/> No Need	Annual Expense \$ _____
Spill Pallets	<input type="checkbox"/> Use	<input type="checkbox"/> Need	<input type="checkbox"/> No Need	Annual Expense \$ _____

Please select the containers that your facility uses and list their volume capacity

- Bottles Volume _____
- Pails Volume _____
- Drums Volume _____
- IBC Totes Volume _____

Disposal

What is the preferred method of waste disposal at your company?

- Land filling Incineration Fuels Blending Other _____
-

How do you package absorbent waste for disposal?

- Drums Dumpster Other _____

Do you use a contractor?

- No Yes – If yes, please provide the name of the contracting company
-

How many drums per week are being disposed of for the following?

Non-hazardous Content - # of drums per month: _____ Cost per drum: \$ _____

Hazardous Content- # of drums per month: _____ Cost per drum: \$ _____

What is your dumpster/roll off cost? \$ _____

Regulations

Do you have any concerns regarding the regulations surrounding the proper use of absorbents with regard to shipping and handling or worker safety?

- No Yes – If yes, which regulations concern you? _____
-
-

Please list any regulations, specific to your region, regarding disposal that are of concern to your company.

Thank you again for taking time out of your busy schedule to fill out this assessment. We will use the information you have provided to save your company money and provide you with the best absorbent products on the market.