

**ST. CLOUD VA STATEMENT OF WORK
HAZARDOUS WASTE MANAGEMENT
ATTACHMENT C
AUDIT FORM
TRANSPORTER**

In accordance with the SOW, a separate Audit Form must be completed for each transporter proposed to be used to provide contract services. If completed electronically, the boxes will expand as information is typed in.

I. GENERAL TRANSPORTER INFORMATION

Transporter Name	
Location	
Contact Person/ Title/Phone #/email	
Federal DOT license or MC number	
Parent Company	
Materials and Waste transported	

II. LICENSES AND PERMITS

List all Local, State and Federal licenses/permits held which are relevant to the management of the wastes listed in Section I of this form. Indicate the type of insurance coverage held for transportation of any hazardous materials. Complete all of the information listed below for each license or permit held by the facility or transporter. Use extra sheets if necessary.

License or permit description and number	
Issuing Agency	
Contact Person/phone #/ email address	
Permit Issuance Date and Expiration date	
Insurance coverage	

III. REGULATORY COMPLIANCE HISTORY

The VA may use the Federal DOT's "Safer Sys" database to determine whether the transporter has a satisfactory rating for transportation. If the transporter does not have a satisfactory rating, please describe the reason for the conditional or unsatisfactory rating and corrective actions taken. Include the name of the contact person you are working with to resolve compliance issues. Include copies of inspection reports and follow up letters. Use additional sheets if necessary.

Regulatory Agency	
Contact Person/phone #/email address	
Violations and corrective actions	

Describe any on-site or in- transit releases of hazardous substances	
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