

# CLEANING SERVICES

7749 Interstate 37  
Corpus Christi, Texas 78409  
(361) 289-5151



Customer: Clean Harbors

Work Order No. \_\_\_\_\_

Tank Product: Oil Water

Tractor No. \_\_\_\_\_

Trailer No. 782871

Date: 6-2-2020

DESCRIPTION	PRICING	QTY
Air Dry		
Steam and Dry		
Cold Water Flush and Dry		
Hot Water Flush		
Flush Steam and Dry		
Detergent Wash and Dry		
Caustic Wash and Dry		
Internal Wash by Hand		
Internal Acid Wash		
Hand Labor		
External Tractor Wash		
External Trailer Wash		
External Acid Wash		
Interior Scape		
Extra Compartment		
Charge for Spinning		
Hand Dry		

DESCRIPTION	PRICING	QTY
ACCESSORIES		
Hoses		
Pumps		
Steam Coils		
HEEL/WASTE DISPOSAL		
Waste Disposal		
Non-hazardous		
Drum Charge		
Drumming Charge		
EXTRA CHARGES		
Call Out Charge		
Overtime Rate		
Special Entry Equipment		
Charged on "as needed per job" basis.		

1. All air lines cleaned, dried, and valves close
2. Interior of trailer cleaned
3. Internal valve removed and cleaned
4. External valve removed and cleaned
5. All vents and caps removed and cleaned
6. Product pump and manifold cleaned and dry
7. Hose tube cleaned
8. Interior of trailer dried
9. Stainless steel bolts
10. Circle type of dome gasket material
11. Pneumatic discharge lines disassembled, cleaned, and dried
12. Dome gasket cleaned and replaced
13. Internal and external valves vacuum tested
14. Valves closed and dust cap in place
15. Fuseable cap

Trailer cleaned by: Fogel, Diego

Work Order Number: \_\_\_\_\_

Final Inspection by: \_\_\_\_\_

Truck Driver: \_\_\_\_\_

General Exterior Appearance: \_\_\_\_\_

	Hypalon	Viton	Teflon	Buna
YES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The rates stated above are listed per process for normal cleaning conditions, except where noted otherwise. All prices are subject to change without notice. Any re-cleans for rejected trailers may need refinery refection slip for warranty. All trailers require MSDS Sheet or Bill of Lading before cleaning will start. FLEETPRIDE RESERVES THE RIGHT TO REFUSE CLEANING SERVICE AT ITS DISCRETION. © 2001

K001-15

3/20

MF0A2431

	<b>Mobile Service/Shop Hazard Assessment</b>
	Document Control ID: CHES.00082.FM-10HS
	Revision Date: 25-September-2014
	Revision #: 7
Owner: 10HS	

Check off the hazards that apply to this job. List the item # on the 2<sup>nd</sup> column with priority ranking (other side). Identify the plans to eliminate or control them in the 3<sup>rd</sup> column (other side).

<p><b>A. Environmental Hazards</b></p> <input checked="" type="checkbox"/> 1. Work Area Clean <input type="checkbox"/> 2. Material Storage Identified <input type="checkbox"/> 3. Dust/ Mist/ Fume <input type="checkbox"/> 4. Noise in Area <input type="checkbox"/> 5. Extreme Temperatures <input type="checkbox"/> 6. Spill Potential <input type="checkbox"/> 7. Waste Properly Managed <input type="checkbox"/> 8. Evacuation Permit Required <input type="checkbox"/> 9. Other Workers in Area <input type="checkbox"/> 10. Weather Conditions <input type="checkbox"/> 11. MSDS Reviewed	<p><b>C. Access/Egress Hazards</b></p> <input type="checkbox"/> 19. Aerial Lift/ Man Basket <input type="checkbox"/> 20. Scaffold (inspected & tagged) <input type="checkbox"/> 21. Ladders (tied off) <input checked="" type="checkbox"/> 22. Slips/ Trips <input type="checkbox"/> 23. Hoisting (tools, equipment) <input type="checkbox"/> 24. Evacuation (alarms, routes, ph. #) <input checked="" type="checkbox"/> 25. Confined/ Restricted Space Entry Permit Required	<p><b>E. Rigging &amp; Hoisting Hazards</b></p> <input type="checkbox"/> 33. Lift Study Required <input checked="" type="checkbox"/> 34. Proper Tools Used <input checked="" type="checkbox"/> 35. Tools/ Sling Inspected <input checked="" type="checkbox"/> 36. Equipment Inspected <input type="checkbox"/> 37. Others Working Overhead/ Below <input type="checkbox"/> 38. Critical Lift Permit	<p><b>F. Electrical Hazards</b></p> <input type="checkbox"/> 39. GFI Test <input checked="" type="checkbox"/> 40. Lighting Levels too Low <input type="checkbox"/> 41. Working on/ Near Energized Equip. <input type="checkbox"/> 42. Electrical Cords/ Tools Condition <input type="checkbox"/> 43. Fire Extinguisher <input type="checkbox"/> 44. Hot Work or Electrical Permit Required
<p><b>B. Ergonomic Hazards</b></p> <input type="checkbox"/> 12. Awkward Body Position <input type="checkbox"/> 13. Over Extension <input type="checkbox"/> 14. Prolonged Twisting/Repetitive Bending Motion <input type="checkbox"/> 15. Working in a Tight Area <input type="checkbox"/> 16. Lift too Heavy/ Awkward to Lift <input type="checkbox"/> 17. Hands not in Line of Sight <input type="checkbox"/> 18. Working Above your Head	<p><b>D. Overhead Hazards</b></p> <input checked="" type="checkbox"/> 26. Barricades & Signs in Place <input type="checkbox"/> 27. Hole Coverings Identified <input checked="" type="checkbox"/> 28. Harness/ Lanyard Inspected <input checked="" type="checkbox"/> 29. 100% tie-off with Harness & Anchor Points Identified <input type="checkbox"/> 30. Falling Objects <input type="checkbox"/> 31. Power Lines <input type="checkbox"/> 32. Hoisting or Moving Loads Overhead	<p><b>G. Personal Limitations/ Hazards</b></p> <input type="checkbox"/> 45. Procedure not Available for Task <input type="checkbox"/> 46. Confusing Instructions <input type="checkbox"/> 47. No Training for Task or Tools to be Used <input type="checkbox"/> 48. First Time Performing the Task	

**SEVERITY:**

- (H) High** - Causing deaths, widespread occupation illness, loss of facilities.
- (M) Medium** - Severe injury/ illness, property and/or equipment damage.
- (L) Low** - Non-serious injury, illness, or damage.
- (N/A) Not Applicable**

**STOP & THINK**

Resume Work

Look Around & Identify Hazards

Assess Risks

Control Risks

**Initial Air Monitoring:**

Unit #	Result
182871	0 205 10 0

**Severity = PRIORITY (e.g., Worker at heights without fall protection - 1A)**  
 It is important that all hazards are identified and controlled. Confirm that all permits are valid.  
**Remember: "Stop & Think" & See it Again for the First Time**



**CleanHarbors**

Issued By: Health & Safety/Trans Compliance  
 Revision Date: 27-Oct-2017

Document Control No: CHES.00028.SOP-10HS/10TC  
 Revision Number: 04

Document Name: Generic Process for Bringing Units into Facilities for Repairs, Maintenance, Inspection or Storage

**APPENDIX 2: Maintenance Checklist for Verification of Asset Condition (CHES.00114.FM-10HS/10TC)**

**SECTION 1: GENERAL INFORMATION (Document General Information Below)**

DATE: 07/30/20 ASSET NUMBER: 782871 TRAILER #1 UNIT NUMBER: TRAILER #2 UNIT NUMBER:

MX BRANCH: Hob SHOP TECHNICIAN NAME: Kevin Solomon MANAGER NAME: Howard Bretingham

METHOD OF CLEANING:  Steamed  Cold Rinse  Purged  Sealed  Other: PSL Airtar

HAZARDOUS MATERIAL LAST CONTAINED: PSL Airtar

METHOD OF TESTING USED (MONITOR, LITHIUS, ETC):

SCOPE OF WORK:  Inspection  Maintenance  Repair  Storage

**SECTION 2: ASSET REQUIREMENTS CHECKLIST**

**Cleaned Asset**

Asset has been steamed, cold rinsed, purged, or entered to clean to specification.

YES	NO	NA	REQUIREMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shipping Document with Asset
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shipping Document Describes Residue Last Contained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TDG/DOT placards Removed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Cleaning/Wash Ticket with Asset
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shipping Document Describes Method of Cleaning
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SDS/MSDS of Residue Last Contained Reviewed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asset Valves Closed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the tank, piping, and attached components been cleaned out?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have filters or bags been removed or cleaned?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the asset been tested and shown to be of Chemical Hazards (0% LEL, 0 ppm H2S, 0 ppm CO, 0 %/PPM Other Hazards).

Does the asset have to come into the shop for maintenance or repairs? If the work can be done without bringing the hazardous material into the building, that is preferred.

YES	NO	NA	REQUIREMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shipping Document with Asset
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shipping Document Describes Residue Last Contained
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SDS/MSDS of Residue Last Contained Reviewed
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All Valves Closed
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Appropriate PPE Available for the Hazardous Material on the Unit
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All Leak Points (Valves, Flanges, etc.) tested and results documented below. No signs of leaks.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All Hot Work in Building Stopped, and Hazard Communicate to All Employees. Atmospheric Monitoring Log Started (if Applicable)

**Initial Asset Readings**

LEL %	H2S PPM	CO PPM	Other (PPM/%)
0	0	0	20.8

IF THE REQUIREMENTS ABOVE CANNOT BE MET, INFORM YOUR SUPERVISOR. THE ASSET WILL NOT BE PERMITTED INSIDE OF A CLEAN HARBORS FACILITY AND THE BUSINESS UNIT RESPONSIBLE FOR THE OPERATION OF THE ASSET MAY BE SUBJECT TO PENALTY.

**SECTION 3: NOTES/DOCUMENT CLOSE OUT**

ADDITIONAL NOTES:

This form must be signed acknowledging that the shop technician working on the unit is abiding by the Process for Bringing Assets into Facilities SOP. By signing this form the Shop Technician is certifying that the above information is accurate to the best of their knowledge.

MAINTENANCE EMPLOYEE NAME: Kevin Solomon SIGNATURE: Kevin Solomon

**Clean Harbors**

Document Name: Generic Process for Bringing Units into Facilities for Repairs, Maintenance, Inspection or Storage

Issued By: Health & Safety/Trans Compliance  
 Revision Date: 27-Oct-2017

Document Control No: CHES.00028.SOP-10HS/10TC  
 Revision Number: 04

**APPENDIX 2: Maintenance Checklist for Verification of Asset Condition (CHES.00114.FM-10HS/10TC)**

**SECTION 1: GENERAL INFORMATION (Document General Information Below)**

DATE: 8/5/2020  
 ASSET NUMBER: 787871  
 TRAILER #1 UNIT NUMBER:  
 TRAILER #2 UNIT NUMBER:  
 SHOP TECHNICIAN NAME: Robert Franklin  
 MANAGER NAME: Howard Br. Higgins  
 HAZARDOUS MATERIAL LAST CONTAINED: Oily Water  
 METHOD OF TESTING USED (MONITOR, LITHIUS, ETC): 15-A ALTAIR

METHOD OF CLEANING:  
 Steamed  
 Cold Rinse  
 Purged  
 Sealed  
 Other:

SCOPE OF WORK:  
 Inspection  
 Maintenance  
 Repair  
 Storage

**SECTION 2: ASSET REQUIREMENTS CHECKLIST**

Cleaned Asset:  Asset has been steamed, cold rinsed, purged, or entered to clean to specification.  
 Capped & Sealed Asset with Materials Present:  Please the assets have to come into the shop for maintenance or repairs if the work can be done without bringing the hazardous material into the building, that is preferred.

YES	NO	NA	REQUIREMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shipping Document with Asset
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shipping Document Describes Residue Last Contained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TDG/DOT placards Removed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Cleaning/Wash Ticket with Asset
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shipping Document Describes Method of Cleaning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS/MSDS of Residue Last Contained Reviewed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asset Valves Closed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the tank, piping, and attached components been cleaned out?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have filters or bags been removed or cleaned?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the asset been tested and shown to be of Chemical Hazards (0% LEL, 0 ppm H2S, 0 ppm CO, 0 %/PPM Other Hazards).

Initial Asset Readings:  
 LEL %: 0  
 H2S PPM: 0  
 CO PPM: 0  
 Other (PPM/%): 20.8

IF THE REQUIREMENTS ABOVE CANNOT BE MET, INFORM YOUR SUPERVISOR. THE ASSET WILL NOT BE PERMITTED INSIDE OF A CLEAN HARBORS FACILITY AND THE BUSINESS UNIT RESPONSIBLE FOR THE OPERATION OF THE ASSET MAY BE SUBJECT TO PENALTY.

**SECTION 3: NOTES/DOCUMENT CLOSE OUT**

ADDITIONAL NOTES:

MAINTENANCE EMPLOYEE NAME: Robert Franklin  
 SIGNATURE: *Robert Franklin*

This form must be signed acknowledging that the shop technician working on the unit is abiding by the Process for Bringing Assets into Facilities SOP. By signing this form the Shop Technician is certifying that the above information is accurate to the best of their knowledge.

		Issued By: Health & Safety Revision Date: 10-Jul-2019 Next Review Date: 30-Sept-2021 Revision Number: 15
Document Name: Confined Space Entry (CSE) Standard		Document Control No: HS.00030.T2S-10HS

		<b>RECLASSIFICATION CERTIFICATE</b> <b>Non-Permit Confined Space Entry</b>
Document Control ID: CHES.00050.FM-10HS Revision Date: 27-Aug-2014 Revision #: 2	Owner: Clean Harbors	Date: 8-5-2020 Time: 0730am

LOCATION: 2202 Geva Rd Bluff PURPOSE OF ENTRY: Internal Inspection ENTRY SUPERVISOR (PRINT NAME): Michael Barger ENTRANTS' NAME(S) (PRINT NAME(S)): Robert Franklin	SPACE TYPE: <input type="checkbox"/> Roll-off <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Pit <input type="checkbox"/> Other:
1. Were space hazards eliminated? Indicate method: <u>without slip</u> <input checked="" type="checkbox"/> Contents Removed <input checked="" type="checkbox"/> Space Isolated (LO/TO)	DESCRIBE OTHER HAZARD ELIMINATION METHODS: <u>MSA 5X Altair</u>

**SECTION 2 - HAZARD ELIMINATION**

Note: Hazard control through ventilation does not constitute elimination. Consult Health & Safety.

2.	Is the surrounding area free of hazards in the area that could present a risk to entrants, such as drifting vapors from piping, tanks, sewers or other atmospheric hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Is the area likely to remain free of atmospheric hazards during entry (i.e., no hazardous operations performed in the space; No chemical added to the space; others)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Do current monitoring results indicate that all atmospheric hazards have been eliminated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Have all other hazards within the space been eliminated? If no, treat as a Permit-Required Confined Space.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**MONITORING RESULTS**

1.	Are oxygen levels between 19.5% and 22.0%?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Are combustible gas meter readings below detectable limits (Zero LEL)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Are toxic contaminants below one-half respective TLV/PEL?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**MONITORING LOCATION**

Time	Oxygen	LEL%	Toxics
0730	20.8	0	0
0730	20.8	0	0
0730	20.8	0	0

*Top Middle Bottom*

1. Any "no" answer requires implementation of all permit-required confined space standards.

