

Environmental Assessment of the Foundry Industry: A Tool for Councils

This checklist is designed for environmental officers working for local councils who are planning an environmental assessment program for foundries. It aims to gather information about foundries' activities so their environmental performance can be monitored and improvements can be made where they are needed.

Use the environmental assessment process and findings to involve the staff, managers and owners of foundries and inform them about:

- their environmental legal responsibilities
- how their activities could be detrimental to the environment
- where their performance could be improved.

Foundries environmental assessment Part 1

Assessment no: _____

Inspection date: _____

Officer: _____

Property identification _____

Property address: _____

Company name: _____

Trading name/s: _____

Contact: _____

Position: _____

Phone: _____ Fax : _____

After-hours emergency contact: _____

Part 2

Is there a development consent from the local council for the premises?

Yes No Unsure

Are licences or permits held with the following authorities:

Sydney Water Corporation/Hunter Water Corporation? Yes No Unsure

Environment Protection Authority? Yes No Unsure

WorkCover NSW? Yes No Unsure

Local Council? Yes No Unsure

Does the company have:

an environmental policy? Yes No Unsure

an environmental management plan? Yes No Unsure

an emergency plan? Yes No Unsure

a waste minimisation policy? Yes No Unsure

environmental education or training for employees? Yes No Unsure

Is the business a member of the Australian Foundry Institute? Yes No Unsure

Is the business aware of the environmental regulations relating to the activities undertaken at your premises? Yes No Unsure

Is a plan of the site available? Yes No Unsure

Does the site have firefighting equipment? Yes No Unsure

Stormwater

Does the site have a stormwater drainage system? Yes No Unsure

Does the business know where the stormwater goes? Yes No Unsure

Is there evidence that anything other than stormwater is flowing into the stormwater system? Yes No Unsure

Does any wastewater enter the stormwater system? Yes No Unsure

Are there systems, features or procedures in place to prevent stormwater pollution? Yes No Unsure

Wastewater

Is the business connected to:

the sewer?

Yes No Unsure

a septic tank?

Yes No Unsure

a wastewater tank?

Yes No Unsure

Does the business have a trade waste agreement?

Yes No Unsure

Groundwater

Is the site in a location sensitive to groundwater problems?

Yes No Unsure

If yes, are precautions and systems in place to prevent leaks and spills entering groundwater?

Yes No Unsure

Waste management

Does the business have a licensed waste contractor?

Yes No Unsure

Does the business separate wastes?

Yes No Unsure

Does the business have in place measures to:

reduce waste on-site?

Yes No Unsure

reuse waste on-site?

Yes No Unsure

recycle waste?

Yes No Unsure

Does the business return drums for recycling?

Yes No Unsure

Are wastes awaiting collection contained and stored to prevent pollution?

Yes No Unsure

Does the business keep records of waste removal by waste contractors?

Yes No Unsure

What wastes that are currently causing problems in terms of disposal would the business like to have removed from the site? _____

Are there any suggestions for this? _____

Air quality management

Does the business emit any emissions in the form of:

fumes? Yes No Unsure

odours Yes No Unsure

smoke? Yes No Unsure

Are there controls for:

reduction? Yes No Unsure

collection? Yes No Unsure

monitoring? Yes No Unsure

Describe the controls: _____

Energy use

Does the business have an energy reduction plan and program in place? Yes No Unsure

Noise management

Does the business operate at the quietest level that is possible? Yes No Unsure

Does any process or piece of equipment create offensive noise? Yes No Unsure

Is there any noise control reduction or monitoring? Yes No Unsure

What are the operating hours of the business? _____

Complaints

Has the business ever received any complaints regarding:

air? Yes No Unsure

water? Yes No Unsure

noise? Yes No Unsure

waste? Yes No Unsure

How were they dealt with? _____

Materials

Are the following on site:

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| liquid waste storage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| storage for chemicals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| storage or use of dangerous goods? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| bunded areas for storing hazardous substances and wastes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| emergency kit for spills and leaks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| MSDS for all hazardous substances and dangerous goods used or stored on site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| a register/inventory for all hazardous substances used or stored on site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

Part 3 – summary

General comments _____

Activities of specific concern

<i>Activity of concern</i>	<i>Recommendation</i>	<i>Timetable</i>

Overall assessment:

- Poor Generally good Excellent

Person conducting review _____ (signature)

Seen by Business Manager _____ (signature)

Date _____ Follow-up by _____ (date)