

**Compostable Materials Management Technical Assistance  
Integrated Best Management Practices Development  
Operational Challenges/Concerns Assessment Procedure (OCAP)  
PRE –EVALUATION – BEFORE SITE VISIT**

FACILITY NAME AND ADDRESS: \_\_\_\_\_ FACILITY SWIS NUMBER: \_\_\_\_\_  
 \_\_\_\_\_ FACILITY OWNER/OPERATOR: \_\_\_\_\_  
 \_\_\_\_\_ SITE MANAGER: \_\_\_\_\_  
 \_\_\_\_\_

PURPOSE OF ASSESSMENT (Describe):

**REVIEW OF PERMIT STATUS AND CONDITIONING DOCUMENTS:**

Permit Type or Notification: Notification  Registration  Full

Date Last Reviewed: \_\_\_\_\_

Type of operation: (ag, chip & grind, etc) \_\_\_\_\_

Conditioning Documents:

**OIMP?** Yes  No       **RCSI?** Yes  No       **JTD?** Yes  No

Composting System: (aerated static pile, windrow etc) \_\_\_\_\_

Requirements in Docs.	OIMP	RCSI	PERMIT	JTD
Processing (days)				
Volume Limits				
Monitoring times/day/week				
Site Specific Requirements				

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POST SITE VISIT ASSESSMENT

Is site operating in accordance with the governing documents? Yes  No

Explain:

Comments/ Observations:

Recommendations: