



NYSDEC DIVISION OF MATERIALS MANAGEMENT
6 NYCRR Part 360 Series
**SOLID WASTE MANAGEMENT FACILITY INSPECTION REPORT
CONTINUATION SHEET**

FACILITY NAME:		ACTIVITY #:	DATE:	TIME:
SHEET OF	CONTINUATION SHEET <input type="checkbox"/> YES <input type="checkbox"/> NO			

OTHER (e.g., diagrams; pictures; comments; additional operating, variance or consent order conditions that can be observed or measured)

Inspector's Signature

Date