



# The Payne Firm, Inc.

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## Mergers & Acquisitions Scoping Overview

*(completed by client to focus due diligence)*

**I. Transaction:** Asset Acquisition  Stock Acquisition  Sale  Other  \_\_\_\_\_  
External Financing: No  Yes  Lender: \_\_\_\_\_

Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Past uses of site: \_\_\_\_\_  
Current Operations: \_\_\_\_\_ SIC Code: \_\_\_\_\_  
Dates of Construction: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Acreage: \_\_\_\_\_  
Facility's Future Plans: \_\_\_\_\_

Previous Phase I Assessments conducted? Yes  No  Number & Years \_\_\_\_\_

Previous Phase II Investigations conducted? Yes  No  Number & Years \_\_\_\_\_

**II. Scope of Services:**

<i>Stage 1</i>			
ASTM Phase I	<input type="checkbox"/>	Visual Asbestos Inspection	<input type="checkbox"/>
Limited Compliance	<input type="checkbox"/>	Limited Health and Safety	<input type="checkbox"/>
<i>Stage 2 (if needed)</i>			
Phase II Sampling	<input type="checkbox"/>	Remediation Evaluation	<input type="checkbox"/>

**Work Product Desired\* (check all that apply):**

Conference Call Only .....   
Bulleted Summary and Conference Call .....   
Executive Summary with Tabular Findings .....   
Narrative Text Report .....  Number of Copies: \_\_\_\_\_

\*All work products include opinions of probable cost for identified concerns (where possible).

**Schedule:** Closing on: \_\_\_\_\_ Verbal Report Due: \_\_\_\_\_  
Written Report Due: \_\_\_\_\_

**Level of Interaction Desired:**

Regular updates by phone/e-mail  
 Conference call following site visit and at end of project  
 Other \_\_\_\_\_

**Client's Risk Tolerance:** Low  Medium  High

**Special Instructions/Comments** (e.g., environmental escrows or insurance, confidentiality, access, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*See page two for Customized Scope of Services*

**Customized Scope of Services** (shaded boxes are included if Stage I boxes in Section II are checked.)

**Level of Review Desired:**

Site History	Detailed <input checked="" type="checkbox"/>	Limited <input type="checkbox"/>	Not Required <input type="checkbox"/>
Previous Soil & Groundwater Investigations	Detailed <input checked="" type="checkbox"/>	Limited <input type="checkbox"/>	Not Required <input type="checkbox"/>
Air Permits	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Wastewater Discharges	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Storm water Discharges	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Hazardous Waste	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Oily, Liquid, or Solid Wastes	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Underground Storage Tanks	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Pesticides/Herbicides	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Transformers & Capacitors	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Asbestos	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Lead Paint	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
HCS Program	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
OSHA PSM	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
SARA	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Wetlands	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Radiological Sources	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Off-Property Impacts	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
General Safety Quality	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
Industrial Hygiene	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>
CERCLA Liability (offsite disposal facilities)	Detailed <input type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Not Required <input type="checkbox"/>