

	Hazardous Waste Storage Area Inspection Form		Form EM 2003.07
	Revision 1.1	Revision Date January 17, 2012	Effective Date 01/01/12

Department _____ Area(s) Inspected: Drum Storage Annex (RM 605) Indoor Storage Area (RM 603)

		Week Ending	Week Ending	Week Ending	Week Ending	Week Ending
	MONTH _____ YEAR _____					
1	Are all containers properly labeled?	Y N	Y N	Y N	Y N	Y N
2	Are all labels legible and complete?	Y N	Y N	Y N	Y N	Y N
3	Are all containers intact and not corroded (not leaking)?	Y N	Y N	Y N	Y N	Y N
4	Are all wastes properly segregated?	Y N	Y N	Y N	Y N	Y N
5	Is the area clean – i.e. no trash on floor, area swept?	Y N	Y N	Y N	Y N	Y N
6	Are new wastes accompanied by proper paperwork?	Y N	Y N	Y N	Y N	Y N
7	Was the area secure upon entry?	Y N	Y N	Y N	Y N	Y N
8	Spill kit / Emergency Equipment available and inspected?	Y N	Y N	Y N	Y N	Y N
9	Eye Wash / Safety Shower Inspected?	Y N	Y N	Y N	Y N	Y N
	Inspectors Name					

Circle Y for Yes or N for No for each question

ALL NO RESPONSES REQUIRE IMMEDIATE CORRECTIVE ACTIONS. NOTE ACTIONS TAKEN IN COMMENTS

Sign or initial Inspection Form at the end of each week. Retain Inspection forms for two (2) years in Department

Comments
