HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name:		Date:	Time:		
Location of Inspection:		Total Number of Containers:			
				YES	NO
1. 2. 3. 4. 5.	Is the area free of debris and other materials? Is the ground clean and dry? Are container tops free of spillage? Is the area free of spills or leaks? Are all of the containers in good condition? (free of dents and corrosion, not bulging, or other	wise deteriora	ating?)		
6. 7. 8.	Are all containers properly closed? Are containers labeled with hazardous waste labels the following information on the labels filled out	_			
	Generator name and address Accumulation start date Contents Physical state Hazardous properties				
11. 12.	Is the information on the labels legible? Have wastes been disposed of within the allowable. Are the containers compatible with their contents. Are incompatible wastes stored separately? Is there adequate aisle space?		on time?		
Describe any observations for items checked 'NO'.					
Cor	rective actions required.				

* Inspections must be conducted on a weekly basis.

Documenting these inspections is not required by statute or regulations and completing this checklist is only a recommendation.