

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: _____

Date: _____ Time: _____

Location of Inspection: _____

Total Number of Containers: _____

YES NO

1. Is the area free of debris and other materials?
2. Is the ground clean and dry?
3. Are container tops free of spillage?
4. Is the area free of spills or leaks?
5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?)
6. Are all containers properly closed?
7. Are containers labeled with hazardous waste labels?
8. Is the following information on the labels filled out?

Generator name and address

Accumulation start date

Contents

Physical state

Hazardous properties

9. Is the information on the labels legible?
10. Have wastes been disposed of within the allowable accumulation time?
11. Are the containers compatible with their contents?
12. Are incompatible wastes stored separately?
13. Is there adequate aisle space?

Describe any observations for items checked 'NO'. _____

Corrective actions required. _____

*** Inspections must be conducted on a weekly basis**

*** Maintain checklist as documentation of this requirement**

*** Inspection program must meet requirements of 22 CCR §66265.174**