

INSPECTION CHECKLIST FOR CONTAINERS OF HAZARDOUS WASTE

Date and Time:			
Area Inspected:			
Date last inspected:			
Inspection made by:			
Signature:			
REQUIREMENTS	Meets Requirements	Changes Needed	Date Corrected
1. Containers are properly/clearly labeled.			
2. No container is leaking.			
3. Containers are tightly closed.			
4. No evidence of deterioration or other factors noted.			
5. Aisle space is open, free of obstruction and meets local, state, and federal requirements.			
6. Storage is less than _____ days for all containers.			
7. Waste is segregated properly.			
8. Signs are clearly visible and in place: <input type="checkbox"/> NO SMOKING signs <input type="checkbox"/> HAZARDOUS WASTE signs			
9. Spill or secondary containment is adequate for container volume.			
10. Drum stacking requirements are not exceeded.			
11. No strange smells are noted.			
12. Spill response equipment is adequate and accessible.			
13. Communication or warning devices are in working order.			
14. Special storage requirements, such as grounding of flammables, are in place.			
ACTIONS REQUIRED WITHIN 24 HOURS	ASSIGNED TO:		
1.			
2.			
3.			
4.			
5.			
6.			