

Generator Inspection Record

Temporary Waste Storage Area Weekly Inspection Log

Environmental Health & Safety

Location of storage _____ Point of Contact Name _____ Phone # _____ Office Location _____

INSPECTION YEAR:	Month																			
	Day																			
CONTAINER CONDITIONS: If any of the following are marked YES , explain the problem and corrective action on the back of this form. Identify each by line number and date.																				
1. Are any open?																				
2. Are any severely rusted or leaking?																				
3. Are any container heads bulging?																				
4. Are any generating any heat?																				
5. Are any odors noticeable?																				
CONTAINER MARKINGS: If any of the following are marked NO , explain the problem and corrective action on the back of this form. Identify each by line number and date.																				
6. Contents marked on all containers?																				
7. Hazardous waste marked on all containers?																				
CONTAINER STORAGE: If any of the following are marked NO , explain the problem and corrective action on the back of this form. Identify each by line number and date.																				
8. Are all ignitable's away from ignition source?																				
9. Are incompatibles separated?																				
SATELLITE ACCUMULATION AREA: If any of the following are marked NO , explain the problem and corrective action on the back of this form. Identify each by line number and date.																				
10. Have all hazardous waste generators been trained?																				
11. Is the area free of hazardous waste releases?																				
12. Is secondary containment provided where necessary?																				
13. Is secondary containment in sound condition, no cracks, deformities etc.?																				
14. Are spill kits available and supplied?																				
15. Is emergency contact information clearly identified and posted?																				
INITIALS OF PERSON CONDUCTING THE INSPECTION																				
															Notes:					

Y = Yes, N = No

Retain Original for Your Records

When full, provide a copy to EH&S – Fax to x4690.