

## **Hazardous Waste Accumulation Area Inspection Checklist**

| Facility   |     | Year |     |     |     |     |     |     |     |     |     |     |
|--|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Inspection Month   | Jan | Feb  | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Item   |     |      |     |     |     |     |     |     |     |     |     |     |
| All waste segregated according to hazard class                           |     |      |     |     |     |     |     |     |     |     |     |     |
| All chemical containers:   |     | 1    | 1   | ı   | ı   | ı   | ı   |     |     | ı   |     | ı   |
| In good condition  |     |      |     |     |     |     |     |     |     |     |     |     |
| Labeled or tagged  |     |      |     |     |     |     |     |     |     |     |     |     |
| Hazard class on boxes  |     |      |     |     |     |     |     |     |     |     |     |     |
| Waste type on tag  |     |      |     |     |     |     |     |     |     |     |     |     |
| Authorization #'s on boxes   |     |      |     |     |     |     |     |     |     |     |     |     |
| Generator contact info   |     |      |     |     |     |     |     |     |     |     |     |     |
| Weight restrictions followed   |     |      |     |     |     |     |     |     |     |     |     |     |
| Spill Response:  | Г   | 1    | 1   | ı   | Г   | ı   | ı   |     |     | ı   |     | ı   |
| Area free of spills  |     |      |     |     |     |     |     |     |     |     |     |     |
| Spill kits available   |     |      |     |     |     |     |     |     |     |     |     |     |
| <ul> <li>Spill response procedure &amp; information available</li> </ul> |     |      |     |     |     |     |     |     |     |     |     |     |
| <ul> <li>Secondary containment<br/>available</li> </ul>                  |     |      |     |     |     |     |     |     |     |     |     |     |
| Drain protection available   |     |      |     |     |     |     |     |     |     |     |     |     |
| Fire extinguisher available  |     |      |     |     |     |     |     |     |     |     |     |     |
| Total volumes stored:  | I   | ı    |     | I   | I   | I   | I   |     |     | I   |     | I   |
| Total volume of flammable  |     |      |     |     |     |     |     |     |     |     |     |     |
| liquids below 500L   |     |      |     |     |     |     |     |     |     |     |     |     |
| <ul> <li>Total volume of corrosives<br/>below 100L</li> </ul>            |     |      |     |     |     |     |     |     |     |     |     |     |
| <ul> <li>Total volume of toxics below<br/>100L</li> </ul>                |     |      |     |     |     |     |     |     |     |     |     |     |
| Date inspected   |     |      |     |     |     |     |     |     |     |     |     |     |
| Inspector's initials   |     |      |     |     |     |     |     |     |     |     |     |     |

Inspect area at least once per month; enter Yes (Y), No (N) or not applicable (N/A) for each line item.

If item requires corrective action indicate date and type on a separate form.

**NOTE:** Some checklist items are mostly applicable to on-campus areas and while others apply more to off-campus (hospital) sites