HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

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. Retain records at the Department level.

Inspector(s) Name:	Storage Accumulation Location(s)				Month	JUNE
	❑ **Facilities**	❑ **Auto-shop**	❑ **Water Front**	❑		
	❑ **Other**					**2016**

Total Number of Containers & Type	❑ Solid (oily rags) WK1____ WK2___WK3___WK4___WK5__	❑ Liquid (oils, fuels, chemicals) WK1____ WK2___WK3___WK4___WK5__	❑ Compressed Gas Cylinders WK1____ WK2___WK3___WK4___WK5__

Description	WK 1		WK2		WK3		WK4		WK5		Describe any observations for items checked 'NO'.	Date Corrected
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
1. Is the area free of debris and other materials?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
2. Is the ground clean and dry, free from spills or leaks?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
3. Are all of the containers in good condition?(free of dents and corrosion, not bulging, or otherwise deteriorating?)	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
4. Are all containers properly sealed closed?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
5. Are containers hazardous waste labels legibly filled out and facing forward?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
5a Generator name and address Accumulation start date, Contents, Physical State, and Hazardous Properties?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
6. Are empty bins turned upside down, labeled "Empty", with received date?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
7. Have wastes been disposed of within the allowable accumulation time? (90-Days-FiscalQtr)	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
8. Are the containers compatible with their contents? Incompatible stored separately?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
9. Is there adequate aisle space?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
10. Spill kits readily available	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
11. Fire extinguishers within 50', with current inspection tags	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
12. Eye wash, safety showers, other emergency response equipment functional and easily accessible?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑		
Inspector Initials												

Use the back of this form as needed