



HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Call IDR if you need assistance in determining if your program meets EPA requirements

866-437-3684

Inspector Name: _____ Date: _____ Time: _____

Location of Inspection: _____ Total Number of Containers: _____

	YES	NO
1. Is the area free of debris and other materials?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the ground clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are container tops free of spillage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the area free of spills or leaks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all of the containers in good condition? (free of dents and corrosion, not bulging, or otherwise deteriorating?)	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all containers properly closed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are containers labeled with hazardous waste labels?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the following information on the labels filled out?		
Generator name and address	<input type="checkbox"/>	<input type="checkbox"/>
Accumulation start date	<input type="checkbox"/>	<input type="checkbox"/>
Contents	<input type="checkbox"/>	<input type="checkbox"/>
Physical state	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous properties	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the information on the labels legible?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have the wastes been disposed of within the allowable accumulation time?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are the containers compatible with their contents?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are incompatible wastes stored separately?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there adequate aisle space?	<input type="checkbox"/>	<input type="checkbox"/>

Describe any observations for items checked 'NO'. _____

Corrective actions required. _____

