

Appendix L

WEEKLY INSPECTION SHEET

Location _____ Check Mark = OK; C= Needs correcting; NA= Not applicable

Area Inspected _____ DATE _____
(DD/MM/YY)

HAZARDOUS MATERIAL STORAGE AREAS																				
Housekeeping																				
No incompatible chemicals																				
Containers labeled or empty																				
No loose lids or open containers																				
No spill or odors																				
Old stock used first																				
Absorbent materials available																				
Fire extinguisher available/inspected in last year																				

REMARKS:

REGULATED WASTE ACCUMULATION AREAS																				
Adequate aisle space																				
All containers are visible																				
All labels, stencils are visible																				
Waste label, if appropriate																				
Good container condition, no loose lids																				
No spills or odors																				
Warning signs posted, if appropriate																				
Absorbent, containment and fire extinguishing materials available																				
* Phone in storage area, audible alarm functional																				
** No HW label dates past 90/180 days																				

REMARKS:

OIL/WATER SEPARATOR																				
Valve shut when not in use																				
Grit chamber operating properly																				
Absorbent pad in place																				

REMARKS:

SECONDARY CONTAINMENT																				
Valves shut, plugs installed																				
No spills, sheen on water or odors																				

DATE/TIME RAINWATER DISCHARGED FROM SECONDARY CONTAINMENT

GENERAL																				
Emergency contacts posted by telephone																				

INSPECTOR'S INITIALS																				

* Small and Large Quantity HW Generators Only
 ** SQGs are 180 Days/LQGs are 90 Days

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