

**SATELLITE ACCUMULATION POINT (SAP) WEEKLY INSPECTION CHECKLIST**

UNIT: _____	WEEK OF _____	WEEK OF _____	WEEK OF _____	WEEK OF _____	WEEK OF _____
POC: _____	INSPECTOR _____	INSPECTOR _____	INSPECTOR _____	INSPECTOR _____	INSPECTOR _____
PHONE: _____					
<b>INSPECTION REQUIREMENTS</b>	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
1. Are containers in good condition/not leaking?					
2. Are containers compatible with waste stored?					
3. Are containers closed except when adding waste?					
4. Are containers marked with the words "Hazardous Waste (HW)" or "Universal Waste (UW)"?					
5. Does the SAP folder have the proper documentation?					
6. Is SAP at or near the point of generation?					
7. On UW containers: Is the "Date in Use" filled in?					
8. Is the date on the UW container more than 12 months old? <b>IF YES, CONTACT EMD IMMEDIATELY.</b>					
9. Does liquid waste have secondary containment?					
10. Is the flammable liquid container grounded?					
11. Is the SAP clearly identified?					
12. Are good housekeeping practices being followed?					
13. Is the SAP monthly inspection faxed to EMD at 502-624-3000?					
NOTE DEFICIENCIES BELOW WITH DATE	CORRECTIVE ACTIONS				INITIALS