

CENTRAL ACCUMULATION AREA - WEEKLY INSPECTION CHECKLIST

Inspector Name:			Date:		Time:	
Location of Inspection:			Total Number of Containers:			

			YES	NO
1.	Are any containers leaking?		<input type="checkbox"/>	<input type="checkbox"/>
2.	Are any containers deteriorating or bulging from pressure?		<input type="checkbox"/>	<input type="checkbox"/>
3.	Are container tops and sides free of spillage?		<input type="checkbox"/>	<input type="checkbox"/>
4.	Is spills equipment in good condition?		<input type="checkbox"/>	<input type="checkbox"/>
5.	Is firefighting equipment in good condition?		<input type="checkbox"/>	<input type="checkbox"/>
6.	Are all containers properly closed?		<input type="checkbox"/>	<input type="checkbox"/>
7.	Are containers of hazardous waste marked with "Haz Waste" labels?		<input type="checkbox"/>	<input type="checkbox"/>
8.	Are hazardous waste drums marked with:			
	Accumulation start date		<input type="checkbox"/>	<input type="checkbox"/>
	A description of the hazard(s)		<input type="checkbox"/>	<input type="checkbox"/>
9.	Are containers of non-hazardous waste labeled properly?		<input type="checkbox"/>	<input type="checkbox"/>
10.	Are any Haz Waste drums approaching the 180-day storage limit?		<input type="checkbox"/>	<input type="checkbox"/>
11.	Are any wastes in incompatible containers?		<input type="checkbox"/>	<input type="checkbox"/>
12.	Are incompatible wastes stored so that mixing is prevented?		<input type="checkbox"/>	<input type="checkbox"/>
13.	Is there adequate aisle space?		<input type="checkbox"/>	<input type="checkbox"/>
14.	Is communication equipment available to employees?		<input type="checkbox"/>	<input type="checkbox"/>
15.	Are required posting of the CAA in place?		<input type="checkbox"/>	<input type="checkbox"/>

Describe any observations for items checked 'NO'.	
Corrective actions required.	