

SAA WASTE STORAGE INSPECTION LOG

Biddeford Campus

Each week under the appropriate month and week, provide time of inspection and initials of inspector. Placing the date and initials in the box indicates that the inspection criteria are successfully met. Record corrective actions taken below and report actions to the Hazardous Waste Manager in the EHS office.

Building & Room Number:										
Week:	1	2	3	4	5					
Year:	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										

*****Inspection is required once every 7 days.*****

INSPECTION CRITERIA

- a. All containers are labeled with "Hazardous Waste" and the following information is written and visible on the label:
 Description of waste (No formulas or abbreviations)
 Date container becomes full.
- b. All containers are closed.
- c. No containers are leaking, bulging, rusting, or otherwise damaged.
- d. Containers are compatible with the wastes that are stored in them.
- e. Incompatible wastes are segregated.
- f. All Containers are stored in secondary containment and on a firm working surface.
- g. SAA must be located at the point of generation.
- h. SAA must be under the control of an operator
- i. Inspections must be completed weekly
- j. All full containers must be moved to the Main Accumulation Area within 72 hours.

Corrective Action (See Page #2)

Inspector Name (print): _____

Inspector Initials: _____

Inspector Name (print): _____

Inspector Initials: _____

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Inspector Initials: _____

Inspector Name (print): _____

Inspector Initials: _____

