

WEEKLY INSPECTION CHECKLIST

HAZARDOUS WASTE GENERATOR CONTAINER CENTRAL ACCUMULATION AREA

This checklist can be used to document required weekly inspections of hazardous waste container central accumulation areas. Complete this checklist by including a check mark in any box where corrections are needed, noting the date of the inspection and the inspector's initials. Include comments detailing items needing correction, the corrections made, the date the corrections were made, and the initials of the staff making the corrections. If there is more than one container central accumulation area, use a separate form for each area and note the accumulation area name.

- Labeled:** Check to see that all containers are properly labeled. Each container label must include: 1) the words "Hazardous Waste," 2) the waste code(s) or descriptive chemical name of the waste, and 3) a hazard indicator such as hazard statement, pictogram, or NFPA chemical hazard label.
- Dated:** Check to see that ALL containers are properly dated. Satellite containers moved to the central accumulation area must be labeled with an [accumulation start date](#).
- *Large Quantity Generators:* Confirm the date on the container has not exceeded 90 days
 - *Small Quantity Generators:* Confirm the date on the container has not exceeded 180 days
- Closed:** Make sure that containers are [closed](#) (e.g., both bungs are in drums, drum ring top is secure, funnel tops closed, funnel valve closed, or tarp over roll-off box).
- Spills:** Check that all containers are not leaking, bulged, or in poor condition. Are containers currently leaking or is staining present? If so, contact management and report [spills](#).
- Containment:** Make sure that there hasn't been any degradation to the secondary containment (e.g., any cracks, is coating intact?). Is there enough set back distance of containers for squirt protection? Are all containers in the containment area?
- Corrections:** Are corrective measures needed and taken? Record details on the back of this form.
- Initials:** Initials of the inspector and staff making corrections.

This publication is intended for guidance only and may be impacted by changes in legislation, rules, policies, and procedures adopted after the date of publication. Although this publication makes every effort to teach users how to meet applicable compliance obligations, use of this publication does not constitute the rendering of legal advice.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.

To request this material in an alternative format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

WEEKLY INSPECTION CHECKLIST

HAZARDOUS WASTE GENERATOR CONTAINER CENTRAL ACCUMULATION AREA

Month: _____ Year: _____

Accumulation Area Name: _____

<i>Inspection Item</i>	Week 1 Date	Week 2 Date	Week 3 Date	Week 4 Date	Week 5 Date	Comments
Labeled	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Dated	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Closed	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Spills	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Containment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Corrections Needed	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Initials of Inspector						

CORRECTION DETAILS

CORRECTION NEEDED	INSPECTION DATE	STAFF INITIALS	CORRECTIVE MEASURE TAKEN	DATE CORRECTED	STAFF INITIALS