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| --- | --- | --- | --- | --- | --- | --- |
| **Inspector Name:** | **TC** |  | **Date:** | **29 OCT 24** | **Time:** |  |
|  |  |  | **Total Number of Containers:1-55gallon drum not full** | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Check:** | | | | **Yes/OK** | **Problem WO#** | |
| **1.** | **Is the area free of debris and other materials?** | | | | **Yes** |  | |
| **2.** | **Are drums free of signs of leakage or deterioration?** | | | | **Yes** |  | |
| **3.** | **Are container tops, sides, and the surrounding ground free of spillage?** | | | | **Yes** |  | |
| **4.** | **Is the area free of spills or leaks?** | | | | **Yes** |  | |
| **5.** | **Are all of the containers in good condition?**  **(i.e. free of dents and corrosion, not bulging, or otherwise deteriorating)?** | | | | **Yes** |  | |
| **6.** | **Are all containers properly closed except when being filled or emptied?** | | | | **Yes** |  | |
| **7.** | **Are containers labeled with hazardous waste labels?** | | | | **Yes** |  | |
| **8.** | Is the following information on the labels filled out? | | | |  |  | |
|  | | **Generator name and address?** | | | **Yes** |  | |
|  | | **Accumulation start date?** | | | **Yes** |  | |
|  | | **Contents?** | | | **Yes** |  | |
|  | | Physical state? | | | **Yes** |  | |
|  | | **Hazardous properties?** | | | **Yes** |  | |
| **9.** | **Is the information on the labels legible?** | | | | **Yes** |  | |
| **10.** | **Have wastes been disposed of within the allowable accumulation time?** | | | | **Yes** |  | |
| **11.** | **Are the containers compatible with their contents?** | | | | **Yes** |  | |
| **12.** | **Are incompatible wastes stored separately?** | | | | **Yes** |  | |
| **13.** | **Is there adequate aisle space?** | | | | **Yes** |  | |
| **14.** | **Are containers on secondary containment when required?** | | | | **Yes** |  | |
| **15.** | **Are the spill kits full and ready for use?** | | | | **Yes** |  | |
| **16.** | **Are there any issues with the condition of the can puncture?** | | | | **No issues fo** |  | |
| **Total # of Containers: 1-55-gallon drum not full** | | | | | | |  |
| **Storage Location:** | | | **Hazardous Waste Stored:** | | | | |
| Warehouse: | | | **1-55-gallon drum not full, this is the punch can unit** | | | | |
| Maintenance: | | |  | | | | |
| Production: | | |  | | | | |
| **Describe observations (include Work Order #)** | | | | **Note:** | | | |
| **The punch can unit is less than 55lbs.The cans that are being punched are empty machine oil, chain lube, spray paint etc.** | | | | | | | |
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**\* Inspections must be conducted on a weekly basis \***