

PHYSICAL PLANT WASTE ACCUMULATION AREA WEEKLY INSPECTION CHECKLIST

Date _____ Inspector _____ Time _____

General

<u>Yes</u>	<u>No*</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Area posted with appropriate hazard and cautionary signs
<input type="checkbox"/>	<input type="checkbox"/>	Area free of spills
<input type="checkbox"/>	<input type="checkbox"/>	Spill kits available
<input type="checkbox"/>	<input type="checkbox"/>	Spill kits properly stocked
<input type="checkbox"/>	<input type="checkbox"/>	Contaminated shop rags properly stored in rag buckets
<input type="checkbox"/>	<input type="checkbox"/>	Rag buckets working properly
<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers charged
<input type="checkbox"/>	<input type="checkbox"/>	Evacuation route map posted in view of employees
<input type="checkbox"/>	<input type="checkbox"/>	Saturated absorbent pads removed/placed in waste drum, replaced with new ones

Containers

<u>Yes</u>	<u>No*</u>	
<input type="checkbox"/>	<input type="checkbox"/>	All containers labeled with completed and dated waste labels visible for inspection
<input type="checkbox"/>	<input type="checkbox"/>	No waste containers present over the 180-day accumulation limit
		<i>Note: If any waste containers are over the 180-day accumulation limit dispose of immediately</i>
<input type="checkbox"/>	<input type="checkbox"/>	All hazardous waste labels in good condition are easily readable
<input type="checkbox"/>	<input type="checkbox"/>	All hazardous waste labels have accumulation start dates
<input type="checkbox"/>	<input type="checkbox"/>	No unidentified containers containing hazardous waste or materials
<input type="checkbox"/>	<input type="checkbox"/>	All containers closed/secured
<input type="checkbox"/>	<input type="checkbox"/>	All empty drums labeled "empty"
<input type="checkbox"/>	<input type="checkbox"/>	Containers compatible with waste being stored
<input type="checkbox"/>	<input type="checkbox"/>	Containers not leaking
		All containers clean (see explanation down below)

* Describe corrective action needed:

Date corrective action completed:

Time:

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