



Hazardous Waste Storage Area Inspection Checklist

Location: _____ Inspector: _____ Date: _____

		Yes	No			Yes	No
1.	Are the lights in working order?			8.	Are all containers tightly sealed?		
2.	Is there an emergency communication device (e.g. air horn, telephone, radio)?			9.	Is the eyewash free from obstruction?		
3.	Is the area free of any sign of pests (eg. mice, rats)?			10.	Does the eyewash operate properly?		
4.	Is the area free of any noticeable, unnatural odor?			11.	Is all protective clothing available?		
5.	Are all containers sitting upright, free of spills or leaks, and in good condition?			12.	Is the fire extinguisher present and in compliance with service requirements?		
6.	Is the area free of all liquids on any surface (e.g. secondary containers, floors, shelves)?			13.	Are all containers properly labeled and have an accumulation start date?		
7.	Is the floor clear of all tripping hazards and is there adequate isle space to respond to spills?			14.	Are all containers segregated according to their compatibility requirements?		

Discrepancies and Corrective Action:

Please list the reference number on the checklist with the discrepancy that was noted during the inspection.

Discrepancies	Corrective Action