

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
EMPLOYEE SERVICES DIVISION  
SAFETY, HEALTH, AND EMPLOYEE WELLNESS BRANCH

## HAZARDOUS WASTE ACCUMULATION INSPECTION FORM

(Includes Satellite Hazardous Waste Accumulation sites, if permitted by the State)

NAME OF FACILITY	FACILITY ADDRESS (City and State)	MONTH AND YEAR
FACILITY OFFICIAL	FACILITY OFFICIAL'S PHONE NUMBER (Include Area Code)	PROGRAM (PPQ, VS, AC, IS)

### WEEKLY INSPECTION

(Date, time, and initial; check for leaks, labeling as hazardous waste, start date, contents, signs of incompatibility with container; requirements listed below)

WEEK 1	DATE	TIME	INITIAL	WEEK 4	DATE	TIME	INITIAL
WEEK 2	DATE	TIME	INITIAL	WEEK 5	DATE	TIME	INITIAL
WEEK 3	DATE	TIME	INITIAL		DATE	TIME	INITIAL

WERE THERE ANY HAZARDOUS WASTE PICKUPS?

☐ YES ☐ NO

IF YES, LIST MANIFEST NUMBERS (OR PICKUP NUMBERS), AND VENDOR.

EPA ID NO.

WERE THERE ANY SPILLS? (REPORT ALL SPILLS IMMEDIATELY TO SHEWB).

☐ YES ☐ NO

IF YES, ATTACH A DESCRIPTION OF THE INCIDENT AND ANY ACTION TAKEN TO CLEAN UP AND PREVENT REOCCURRENCE.

WERE THE FIRE EXTINGUISHERS AND SPILL KITS CHECKED?

☐ YES ☐ NO

IS SECONDARY CONTAINMENT PROVIDED AND IN GOOD CONDITION?

☐ YES ☐ NO

ARE FLAMMABLE CHEMICALS STORED IN SPECIALIZED STORAGE ROOMS OR CABINETS?

☐ YES ☐ NO

ARE PROVISIONS MADE TO PREVENT EXCESSIVE HEAT OR FREEZING OF STORED CHEMICALS?

☐ YES ☐ NO

ARE ALL CONTAINERS CLOSED SECURELY?

☐ YES ☐ NO

ARE EMPLOYEES TRAINED IN SPILL CLEAN UP PROCEDURES?

☐ YES ☐ NO

WERE WASTE MINIMIZATION PROGRAMS CONSIDERED?

☐ YES ☐ NO

IS ADEQUATE AISLE SPACE MAINTAINED?

☐ YES ☐ NO

PLEASE SIGN AND DATE THIS FORM, AND FORWARD TO YOUR HAZARDOUS WASTE/POLLUTION PREVENTION COORDINATOR (OR IN THE ABSENCE OF A HAZARDOUS WASTE/POLLUTION PREVENTION COORDINATOR, SAFETY AND HEALTH OFFICER.) AT THE BEGINNING OF EVERY CALENDAR YEAR, THE HAZARDOUS WASTE/POLLUTION PREVENTION COORDINATOR WILL CERTIFY TO SHEWB THAT HE/SHE HAS RECEIVED ALL INSPECTION SHEETS.

SIGNATURE

DATE