

HAZARDOUS WASTE STORAGE INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Container Condition

- Yes No — Containers are closed, sealed, and free of leaks
- Yes No — No visible rust, dents, or structural damage
- Yes No — Containers are compatible with the waste stored
- Yes No — Secondary containment is dry and free of cracks

Labeling & Signage

- Yes No — Hazardous Waste labels are clearly visible
- Yes No — Accumulation start dates are marked on all drums
- Yes No — Hazard class labels are correct and legible
- Yes No — Emergency contact signs are posted nearby

Safety Equipment

- Yes No — Fire extinguishers are charged and accessible
- Yes No — Spill kits are fully stocked and available
- Yes No — Eye wash stations are functional and unobstructed
- Yes No — Personal protective equipment is available for use

Area Access & Organization

- Yes No — Aisle space allows for unobstructed movement
- Yes No — Incompatible wastes are separated by barriers
- Yes No — Storage area is secured against unauthorized entry
- Yes No — Floor is clean and free of debris or spills

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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