

... Main Accumulation Area Weekly Inspection Form CT-SQG				
Date of Inspection: _____ Time of Inspection: _____ Name of Inspector: _____				
Signature of Inspector: _____				
Item/Condition to be Checked	Yes	No	Observation/Deficiency	Corrective Actions and Date
Are all containers closed?				
Are all containers in good condition? (leaking, rusted, bulging)				
Are all containers labeled?				
Does the label include the words "Hazardous Waste" and the chemical name(s)?				
Are all labels legible and visible for inspection?				
Are all containers marked with accumulation dates?				
Are dates less than 180 days?				
Is the amount of waste on-site less than 1000kg (2,200lbs)?				
Is there adequate aisle space (30")?				
Are the containers stored on an impermeable base that is bermed?				
Are the base and berms free of gaps, cracks, and damage?				
Is the base free of spills, leaks, and other accumulation?				
Are incompatible materials separated by a wall or berm?				
The area must have the following equipment:				
1) An internal communication or alarm system capable of providing immediate emergency instructions.				
2) A telephone or other instrument, immediately available at all areas of operations, capable of summoning emergency assistance.				
3) A portable fire extinguisher, fire control equipment, and spill control equipment and decontamination equipment.				
4) Water, with adequate volume and pressure, to supply water hoses or foam producing equipment, or automatic sprinkler system.				

Note: If the 'No' column is checked, corrective action must be taken and the 'Observation' and Corrective Action columns must be completed.

Additional Comments: