

# WEEKLY INSPECTION LOG

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Clearly Print Name

Accumulation Area Inspected: \_\_\_\_\_ Number of Containers: \_\_\_\_\_

- |  |           |          |
|--|-----------|----------|
| Are all containers in good condition?                      | Yes _____ | No _____ |
| Is there any evidence of leaks or spills?                  | Yes _____ | No _____ |
| Are all containers labeled "Hazardous Waste"?              | Yes _____ | No _____ |
| Are all containers marked with an accumulation start date? | Yes _____ | No _____ |
| Are all containers closed?                                 | Yes _____ | No _____ |
| Is there adequate aisle space between rows of drums?       | Yes _____ | No _____ |
| Is spill control equipment available?                      | Yes _____ | No _____ |

Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If containers are in poor condition or leaks/spills were found, please note action taken in area below)

**Repairs or Remedial Action**

**Date**

\_\_\_\_\_  
\_\_\_\_\_

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