

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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Clearly Print Name

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