

INSPECTION RECORD

<90-DAY STAGING FACILITY

Site: Greenbelt
 Wallops Main Base
 Wallops Island

INSPECTION INFORMATION

Location: Bldg. _____ Room _____ Date: _____
 Inspector's Signature _____ Time: _____

HAZARDOUS WASTE CONTAINERS

		Yes	No	N/A
Container Condition	Are any open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any severely rusted or leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any container heads bulging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any generating heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any odors noticeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of these questions were marked YES, please explain: _____

Describe actions taken to correct situation: _____

		Yes	No	N/A
Container Markings	Are the contents marked on all containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are all containers marked as Hazardous Waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the accumulation start date on all containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Earliest accumulation date on container(s) _____ Date: _____			

If any of these questions were marked NO, please explain: _____

Describe actions taken to correct situation: _____

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		Yes	No	N/A
Area Conditions	Is the area free of structural deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is aisle space adequate between containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are incompatibles separated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are security devices intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of these questions were marked NO, please explain: _____

Describe actions taken to correct situation: _____

EMERGENCY RESPONSE EQUIPMENT

Communication Device	Is it accessible in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is it in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Control	Is an empty salvage drum nearby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is unused absorbent material nearby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is pump nearby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Protection	Is personal protective equipment nearby? <input type="checkbox"/> Gloves <input type="checkbox"/> Tyvek suit <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is emergency eyewash/shower operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a fire extinguisher readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of these questions were marked NO, please explain: _____

Describe actions taken to correct situation: _____
