

MONTHLY CHEMICAL WASTE AREA INSPECTION FORM

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Building: _____ Lab Number: _____ P.I.: _____

Date Inspected: _____ By Whom: _____

1. Has a satellite waste accumulation area been established in the laboratory? Yes No
Comments: _____
2. Is the "Chemical Waste Satellite Accumulation Area" poster near the area? Yes No
3. Is the area clearly delineated from the other non-waste areas? Yes No
Where is it? _____
4. Do the containers in the area have the yellow "Hazardous Waste" stickers on them listing the contents of the containers? Yes No
5. Are the containers all closed? Yes No
6. Is there any product mixed with the waste? Yes No
7. Are there leaks or spills on the containers, or on the surface beneath them? Yes No
Comments or Photo: _____
8. Is there less than 1 quart of acutely hazardous waste accumulated, or less than 55 gallons of hazardous waste? Yes No
9. Are the containers compatible with the contents? Yes No
10. Are the containers leaking or corroded? Yes No
11. Is there a chemical hygiene plan present? Yes No
Where is it? _____
12. Has the chemical hygiene plan been reviewed within the last 12 months? Yes No
13. Is the "Emergency Plan for Chemical Releases" poster placed near the door? Yes No
14. Does the emergency poster include the location of fire extinguishers, fire alarms, spill control supplies, and the name and phone numbers of emergency contacts? Yes No
15. Has the emergency poster been reviewed and dated within the last 12 months? Yes No

List any corrective measures needed in the area: