

Building/Rm #/Phone: _____ **Lab Manager:** _____

General

- | | | | |
|--|-----|----|-----|
| 1. Have all personnel using this SAA completed the Hazardous Waste Training within the past year? | yes | no | n/a |
| 2. Is the SAA requirements sign posted, with the lab manager and contact information listed? | yes | no | n/a |
| 3. Is all hazardous waste stored in Satellite Accumulation Areas at or near the point of generation? | yes | no | n/a |
| 4. Is the SAA under the control of the person(s) generating the waste? | yes | no | n/a |
| 5. Is the total amount of waste stored at this SAA less than 55 gallons of hazardous waste? | yes | no | n/a |
| 6. Is the total amount of acute hazardous waste stored less than 1 quart or 2.2 pounds? | yes | no | n/a |
| 7. Are personnel able to accurately perform waste determinations? | yes | no | n/a |
| 8. Are mercury containing lamps/devices and batteries accumulated as Universal Waste? | yes | no | n/a |
| 19. Is drain disposal to sanitary sewer compliant with local limits, state and federal regulations? | yes | no | n/a |

Containers

- | | | | |
|--|-----|----|-----|
| 10. Are waste containers in good condition (no rust, cracks, bulging, etc.)? | yes | no | n/a |
| 11. Are waste containers closed and not leaking? | yes | no | n/a |
| 12. Are waste containers compatible with their contents? | yes | no | n/a |
| 13. Are incompatible wastes segregated by hazard class? | yes | no | n/a |
| 14. Are container's exteriors clean and free of contamination? | yes | no | n/a |
| 15. Are reagents and products stored separately from wastes? | yes | no | n/a |
| 16. Are peroxide forming chemicals tested, dated and stored correctly? | yes | no | n/a |

Labelling

- | | | | |
|--|-----|----|-----|
| 17. Has the original container label been defaced or removed? | yes | no | n/a |
| 18. Are all waste containers labeled "Hazardous Waste" or "Non RCRA Regulated Waste"? | yes | no | n/a |
| 19. Are all constituents listed, with a volume percentage given for each (sum should add to 100%)? | yes | no | n/a |
| 20. Are hazardous properties indicated (either listed or appropriate box checked)? | yes | no | n/a |

Emergency Response

- | | | | |
|--|-----|----|-----|
| 21. Is the spill control procedure and emergency contact information posted? | yes | no | n/a |
| 22. Is there a spill kit readily accessible and properly supplied? | yes | no | n/a |
| 23. Does adequate aisle space of at least 2 ft. exist? | yes | no | n/a |
| 24. Are eye wash stations and safety showers in good working order and unobstructed? | yes | no | n/a |
| 25. Is the area equipped with an appropriate fire extinguisher, in good working order? | yes | no | n/a |
| 26. Emergency communication device available and functional? | yes | no | n/a |

Corrective action taken (any "no" answer must receive corrective action):

Inspection completed by: _____

Date: _____