## Satellite Accumulation Area: Monthly Inspection



Building Number:	Building Name:	Room Number:

Inspector's Name:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Year:\_\_\_\_

Instructions:

1. Use this form to inspect satellite accumulation areas.

2. Evaluate the satellite accumulation area during the inspection for breakage, odors, etc. and for items listed below to ensure safe storage conditions.

3. Record all corrective actions in the last space for items with a "No" answer; attach an additional sheet if necessary.

4. If a spill is more than 30 ml or escapes secondary containment, call EH&S at 325-0026 (after hours call emergency services or 911).

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Enter Inspection Date												
Is the area free from leaks and/or spills (Yes/No)												
Are incompatible chemicals segregated? (Y/N)												
Are all containers properly labeled? (Y/N)												
Are all containers closed? (Y/N)												
Are leak-proof secondary containers provided? (Y/N)												
Is waste below permissible limits (<55 gallons or <1 quart / 2.2 pounds of P-listed waste)? (Y/N)												
Are all waste generators up-to-date with annual Hazardous Waste Management training? (Y/N)												
After each inspection initial here												
Corrective Action(s):												