

Appendix E: Sample Logs

Weekly Facility/Hazardous Waste Inspection Checklist

Inspection for the week of : _____

Hazardous Waste Accumulation Area

All drums and containers are in good condition. Yes No

Number of drums/containers **NOT** in good condition: _____

Corrective Action: _____ Date completed: _____

No drums are leaking. Yes No

Number of drums leaking: _____

Corrective Action: _____ Date completed: _____

All containers are closed. Yes No

Number of containers **NOT** closed: _____

Corrective Action: _____ Date completed: _____

All drums and containers are marked with a hazardous waste label. Yes No

Number of unmarked drums/containers: _____

Corrective Action: _____ Date completed: _____

All drums and containers are marked with a risk label, if appropriate.

Yes

No

Number of unmarked drums/containers: _____

Corrective Action:

Date completed: _____

All drums and containers are marked with the accumulation start date.

Yes

No

Number of unmarked drums/containers: _____

Corrective Action:

Date completed: _____

All drum/container labels are clearly visible and readable.

Yes

No

Number of drum/containers **NOT** visible and readable: _____

Corrective Action:

Date completed: _____

All these drums/containers that are near or have exceeded the 90/180 day timeframe?

Yes

No

How many? _____

Corrective Action:

Date completed: _____

There is 30 inches of aisle space between rows of containers.

Yes

No

Number of containers with less than 30 inches of aisle space: _____

Corrective Action:

Date completed: _____

Secondary containment devices are dry and free of cracks or other failures.

Yes

No

Number **NOT** dry and free of cracks or other failures: _____

Corrective Action:

Date completed: _____

Hazardous Waste Satellite Area #1

The drum/container is in good condition.

Yes

No

The drum/containers is **NOT** in good condition: _____

Corrective Action:

Date completed: _____

The drum/container does not appear to be leaking.

Yes

No

Drum/container leaking: _____

Corrective Action:

Date completed: _____

The drum/container is closed.

Yes

No

Drum/container is **NOT** closed: _____

Corrective Action:

Date completed: _____

The drum/container is marked with a hazardous waste label.

Yes

No

Drum/container is unmarked: _____

Corrective Action:

Date completed: _____

The drum/container is marked with a risk label, if appropriate.

Yes

No

Drum/container is unmarked: _____

Corrective Action:

Date completed:

Hazardous Waste Satellite Area #2

The drum/container is in good condition.

Yes

No

The drum/containers is **NOT** in good condition: _____

Corrective Action:

Date completed:

The drum/container does not appear to be leaking.

Yes

No

Drum/container leaking: _____

Corrective Action:

Date completed:

The drum/container is closed.

Yes

No

Drum/container is **NOT** closed: _____

Corrective Action:

Date completed:

The drum/container is marked with a hazardous waste label.

Yes

No

Drum/container is unmarked: _____

Corrective Action:

Date completed:

Non-hazardous Solid Waste Collection and Disposal

Outside storage yards/areas should be swept free of dirt, debris, and trash at least weekly.

Day of last sweeping: _____

Corrective Action:

Date completed: _____

Non-hazardous debris and trash should be disposed of weekly.

Day of last disposal: _____

Corrective Action:

Date completed: _____

Surface Water/Ground Water Quality

Contamination, spills, and leaks in outside yards/areas must be absorbed and cleaned as soon as possible following the event.

Date of most recent event: _____

Corrective Action:

Date completed: _____

Catch basin collection devices are to be removed and cleaned, or replaced on a periodic basis or as needed.

Date of removal/replacement/cleaning: _____

Locations:

Corrective Action:

Date completed: _____

Sumps

Sumps must be clean and free of contamination, spills, leaks, and standing water.

Number of sumps not clean or free of contamination, spills, leaks, or standing water: _____

Corrective Action:

Date completed: _____

Safety Equipment

Fire extinguishers must be charged.

Date of most recent charge: _____

Corrective Action:

Date completed: _____

Spill kits are appropriately stocked.

Spill kit inventory inspection date: _____

Corrective Action:

Date completed: _____

First aid cabinets are appropriately stocked.

First aid cabinet inventory inspection date: _____

Corrective Action:

Date completed: _____

Emergency shower and eyewash station is functioning properly.

Station inspection date: _____

Corrective Action:

Date completed: _____

Appropriate emergency communications are operating properly.

Inspection date: _____

Corrective Action:

Date completed: _____

Emergency response information is posted near all communications devices.

Inspection date: _____

Corrective Action:

Date completed: _____

Comments:

Describe the actions that you took to correct any deficiencies for items/areas not noted above and the date the actions were taken.

Print name: _____

Signature: _____

Date: _____ Time: _____

Spray Booth
#1 & #2

AUTO BODY INSPECTION & PURCHASE LOG
MONTH _____ YEAR _____

| Spray Booths Daily Inspection Record | | | | | | |
|--------------------------------------|---------|-----------------|-------------------|----------|------------------------|---------|
| Intake & Exhaust Filters | | | Manometer Reading | | | |
| Day | Booth # | Good Condition? | Filters Changed? | No Gaps? | Acceptable Range (-) | Initial |
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| Weekly Inspection Record | | | | |
|--|-----------------|--|--|--|
| Check for the following | Inspection Date | | | |
| VOC compliant coatings? (<6.0 lbs/gal) | | | | |
| VOC containers closed? | | | | |
| Only HVLP guns used? | | | | |
| All priming & painting done in booth? | | | | |

| Monthly Maintenance Record | |
|----------------------------|---|
| Date | Preventative Maintenance on spray booth & Fan |
| | |

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#1 & #2

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Prep Stations
#1 & #2

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