

Central Accumulation Area Inspection Form

1. Is each drum or container:	Answer each question yes or no	Y/N
Closed?		
In good condition, non-leaking?		
Liquids provided secondary containment?		
Labeled and DOT marked?		
Dated?		
Logged in?		
2. Do we have on hand		
Additional drums/spill trays?		
Spill response equipment, overpack drums?		
Hazardous waste accumulation labels?		
DOT hazard class/division labels?		
3. Are lights and exhaust fans working properly?		
4. Unrestricted access to outside doors?		
5. Unrestricted access to fire extinguisher?		
6. Unrestricted access to alarm and telephone?		
7. Unrestricted access to shower and eye wash?		
8. Any obvious problems with drench shower?		
9. Containers stored to prevent release?		
10. Is incompatible waste segregated?		
11. For outside storage		
Is containment pad drain closed?		
Are drums covered?		
12. Obvious signs of unauthorized access:		
At storage modules/ receiving building?		
13. Is the fence in good condition?		
14. Any objects in fenced area that indicate or could cause a security breach?		
15. Authorized individuals in possession of key?		
	Inspector's initials:	
	Date:	
	Time:	
<p>Comments:</p>		