## HWMP-3

## Attachment 9

## Satellite Accumulation Area Inspection Form

Section:	 	
Room #:_	 	
Process:_	 	
Contact:_	 	

D	Date this data is accurate for: / /			
1	Is the container label clearly visible and legible?			
2	Is container in good shape (closed and not deteriorated or leaking)?			
3	Is secondary containment provided for containers holding liquids?			
4	Is the container in its proper location? Are incompatible materials segregated (i.e. separate containers and separated by distance or a barrier)?			
5	Are there full containers of waste, or containers of waste that are no longer needed? If yes, the filled date should be filled in.			
6	Have arrangements been made to have full waste containers or containers that are no longer needed picked up? Requests to have waste picked up can be made by contacting <u>Insert name and phone #</u>			
C	omments:			