



UNIVERSITY OF MINNESOTA

Hazardous Waste Weekly Inspection Form

Please Print

Department Name: _____

Building Name: _____

Room Number(s): _____

Inspector Name(s): _____

Inspect weekly for: leaks, container condition, container lid condition and closure, proper labeling (words "Hazardous Waste", complete contents, date, name, phone number, department number, building number, room number), secondary containment/impermeable surface for free liquid waste, separation of incompatible wastes and waste/virgin chemicals, aisle space (recommend 3 feet), and spill cleanup supplies (if available)

<u>Date</u>	<u>Satisfactory</u> (<u>√</u>)	<u>Unsatisfactory</u> (<u>List Problem</u>)	<u>Date</u> <u>Corrected</u>	<u>Inspector's</u> <u>Initials</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Keep this record for at least three years (Minn. Rule 7045.0294 Subp. 2a). It must be available upon request by County, State, Federal or U Environmental Health Inspectors.

Questions: Refer to your *University of Minnesota Hazardous Chemical Waste Management Guidebook* or call the Chemical Waste Program at (612) 626-1604.