



# UNIVERSITY OF MINNESOTA

## Hazardous Waste Weekly Inspection Form

Please Print

Date \_\_\_\_\_

Department Name: \_\_\_\_\_

Building Name: \_\_\_\_\_

Room Number(s): \_\_\_\_\_

Inspector Name(s): \_\_\_\_\_

	Satisfactory ( <input checked="" type="checkbox"/> )	Unsatisfactory ( <input type="checkbox"/> )	Comments	Date Corrected
<b>Labeling</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<ul style="list-style-type: none"> <li>• Words "Hazardous Waste"</li> <li>• Start date</li> <li>• Fill date</li> <li>• Description of contents</li> <li>• Percentages of chemical constituents</li> <li>• Name</li> <li>• Phone number</li> <li>• Building number</li> <li>• Department number</li> <li>• Room number</li> </ul>				
<b>Container Condition</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<ul style="list-style-type: none"> <li>• Containers and lids compatible with waste chemical</li> <li>• Containers and lids in good condition</li> <li>• No leaks</li> <li>• Chemical residue cleaned off outside of containers</li> <li>• All containers of free liquids away from drains, doors, etc.</li> </ul>				
<b>Compatibility</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<ul style="list-style-type: none"> <li>• Containers separated from other containers by hazard class (You can use the DDC number listed in the University of Minnesota Hazardous Chemical waste Management Guidebook as a guide to hazard classes)</li> <li>• Separation by tub, try, safety cabinet, room, other</li> </ul>				
<b>Closure</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<ul style="list-style-type: none"> <li>• All containers closed</li> </ul>				

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.