

# St. Cloud State University

## Hazardous Waste Weekly Inspection Form (1)

*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).

Date	Satisfactory (√)	Unsatisfactory (List Problem)	Date Corrected	Inspector's Initials
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Keep this record for at least three years (Minn. Rule 7045.0294 Subp. 2a). It must be available upon request by County, State, Federal Inspectors, or Joseph Teff, SCSU Safety Administrator.