



Waste Management Compliance Checklist Template

 Show only Checklist

Display Style
Default 

Permitting & Licensing

Verification of required permits, licenses, and registrations for waste generation, storage, transportation, and disposal.

Facility Name

Write something...

EPA Identification Number (if applicable)

Enter a number...



Date of Last Permit Renewal

Enter date...

Type of Permits Held (e.g., Generator, Transporter, Treatment, Storage, Disposal)

- ☐ Generator
- ☐ Transporter
- ☐ Treatment
- ☐ Storage
- ☐ Disposal
- ☐ Other

Summary of Permit Conditions and Requirements

Write something...

Copies of Current Permits & Licenses

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Permit Expiration Status

- ☐ Valid
- ☐ Expiring Soon (within 90 days)
- ☐ Expired

Date of Last Regulatory Inspection Related to Permits

Enter date...

Waste Characterization & Classification

Ensuring accurate identification and categorization of waste streams (hazardous, non-hazardous, recyclable).

Primary Waste Type

- ☐ Hazardous Waste
- ☐ Non-Hazardous Waste
- ☐ Universal Waste
- ☐ Recyclable Material

Waste Streams Identified

- ☐ Industrial Process Waste
- ☐ Laboratory Waste
- ☐ Solid Waste
- ☐ Liquid Waste
- ☐ Electronic Waste

Detailed Waste Description

Write something...

Estimated Waste Volume (Gallons/Cubic Yards)

Enter a number...

Waste Analysis Data (e.g., Lab Reports)

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Hazardous Waste Determination Method Used

- ☐ Listed Waste
- ☐ Characteristic Waste
- ☐ Both Listed and Characteristic
- ☐ Not Applicable

Waste Storage & Handling

Assessment of proper storage containers, labeling, security, and handling procedures to prevent spills and contamination.

Container Volume (Gallons)

Container Type

- ☐ Drum
- ☐ IBC
- ☐ Roll-off Container
- ☐ Other

Container Condition

- ☐ No Leaks
- ☐ Minor Leak
- ☐ Significant Leak
- ☐ Damaged
- ☐ Corroded

Container Labeling (Clear and Accurate?)

Date of Last Inspection

Enter date...

Notes/Observations (Leaks, Damage, etc.)

Write something...

Secondary Containment Present?

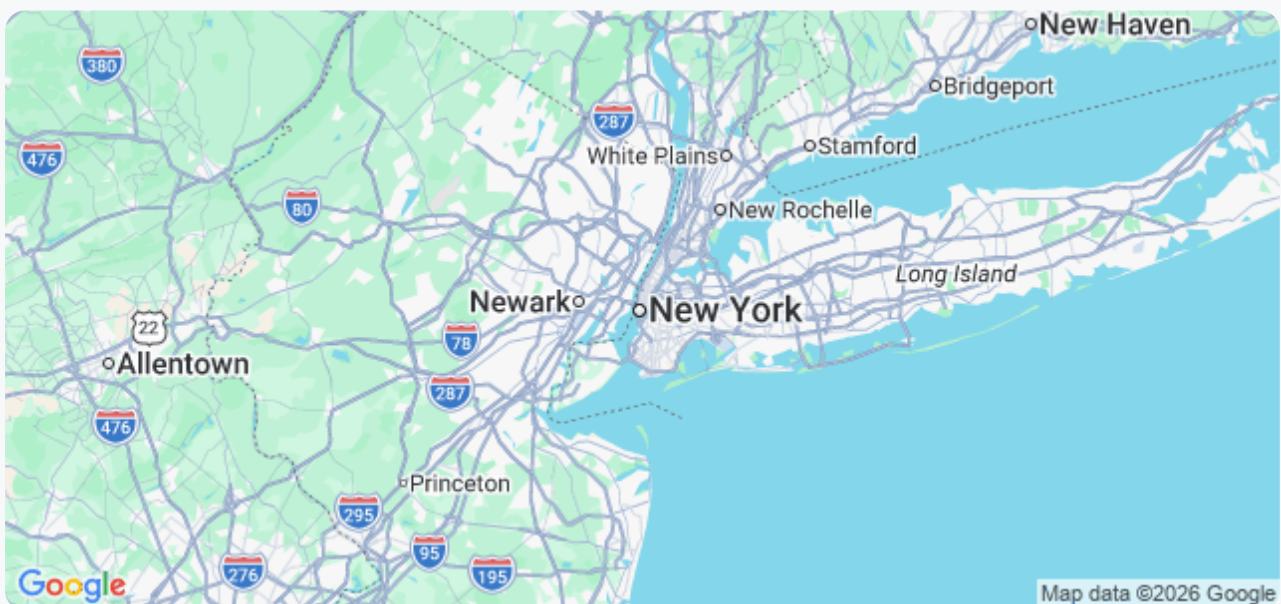
☐ Yes

☐ No

☐ N/A

Storage Area GPS Coordinates

 [Set My Current Location](#)



Waste Segregation & Recycling

Review of waste segregation practices and the effectiveness of recycling programs.

Recycling Program Participation

- ☐ Yes
- ☐ No
- ☐ Partial

Materials Currently Recycled

- ☐ Paper
- ☐ Plastic
- ☐ Glass
- ☐ Metal
- ☐ Cardboard
- ☐ Electronics
- ☐ Food Waste

Description of Segregation Procedures

Write something...

Number of Recycling Bins

Enter a number...

Bin Labeling Status

- ☐ Labeled Correctly
- ☐ Partially Labeled
- ☐ Not Labeled

Issues Identified with Segregation

Write something...

Waste Transportation & Manifesting

Verification of compliant waste transportation methods, proper manifesting, and record-keeping.

Date of Manifest Creation

Enter date...

Manifest Tracking Number

Write something...

Waste Transportation Method

- ☐ Truck
- ☐ Rail
- ☐ Other

Transporter Name

Write something...

Transporter EPA ID (if applicable)

Write something...

Total Waste Quantity (e.g., lbs, tons)

Enter a number...

Waste Destination Type

- ☐ Treatment Facility
- ☐ Disposal Facility
- ☐ Recycling Facility

Facility Name & Address (Destination)

Write something...

Waste Disposal & Treatment

Confirmation of compliant waste disposal methods and adherence to treatment standards.

Disposal Method Used (e.g., Landfill, Incineration, Recycling)

☐ Landfill

☐ Incineration

☐ Recycling

☐ Composting

☐ Other (Specify)

Description of Treatment Process (if applicable)

Write something...

Estimated Waste Volume Disposed (Cubic Yards)

Enter a number...

Copy of Disposal Ticket/Manifest



Upload File

Date of Disposal

Enter date...

Permit Number of Disposal Facility (if applicable)

Details of any Special Handling Requirements

Write something...

Recordkeeping & Documentation

Review of all required records, including manifests, disposal tickets, training records, and inspection reports.

Last Manifest Review Date

Enter date...

Number of Completed Waste Disposal Records

Enter a number...

Summary of Recordkeeping System Description

Write something...

Sample Manifest Document

 Upload File

Number of Employee Training Records Maintained

Enter a number...

Date of Last Audit of Recordkeeping Practices

Enter date...

Record Retention Method (Electronic/Physical)

☐ Electronic

☐ Physical

Description of Electronic Recordkeeping Software (if applicable)

Write something...

Employee Training & Awareness

Assessment of employee training programs regarding waste management procedures and regulations.

Employee Name

Write something...

Training Completion Date

Enter date...

Briefly describe the training topics covered.

Write something...

Topics Covered (Select all that apply)

- ☐ Hazardous Waste Identification
- ☐ Waste Segregation Procedures
- ☐ Spill Prevention & Response
- ☐ Emergency Procedures
- ☐ Recordkeeping Requirements
- ☐ Recycling Guidelines
- ☐ Proper Waste Container Usage

Training Duration (in minutes)

Enter a number...

Upload Training Certificate/Record (Optional)

 Upload File

Trainer Name/Title

Emergency Preparedness & Response

Evaluation of emergency response plans for spills, leaks, and other waste-related incidents.

Estimated Spill Response Time (minutes)

Enter a number...

Primary Spill Response Contact (Role)

- ☐ Safety Manager
- ☐ Environmental Specialist
- ☐ Designated Employee

Detailed Spill Response Procedures (including containment, cleanup, and reporting)

Write something...

Emergency Contact List (including phone numbers and email addresses)

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Date of Last Emergency Drill

Enter date...

Summary of Findings from Last Emergency Drill and Corrective Actions Taken

Write something...

Type of PPE available for spill response

- ☐ Gloves
- ☐ Respirators
- ☐ Eye Protection
- ☐ Coveralls

Regulatory Compliance & Reporting

Verification of adherence to applicable federal, state, and local waste management regulations and reporting requirements.

Applicable Federal Regulations

- ☐ RCRA
- ☐ CAA
- ☐ CWA
- ☐ EPCRA
- ☐ DOT Hazmat Regulations

Applicable State Regulations

- ☐ Select State
- ☐ State Specific Regulation 1
- ☐ State Specific Regulation 2

Last Reporting Period (Year)

Enter a number...

Last Reporting Submission Date

Enter date...

Summary of Regulatory Changes

Write something...

Copy of Last Submitted Report

 Upload File

Reporting Status

- ☐ Compliant
- ☐ Non-Compliant
- ☐ Pending