

Waste Management - Hazardous Materials Checklist

Hazardous Material Identification & Inventory

Write something		
Inventory System	sed?	
Spreadsheet		
Dedicated Invento	Software	
Manual Logbook		
Other		
Copy of Current H	ardous Material Inventory List	
Number of Hazard	s Materials Currently in Use	
Enter a number		

Types of Hazardous Materials Prese	ent (Select all that apply)
☐ Flammable Liquids	
Corrosive Substances	
☐ Toxic Substances	
Reactive Chemicals	
Compressed Gases	
Pesticides	
Other	
Brief description of process for ider	ntifying new hazardous materials
Write something	
Date of Last Inventory Review	
Date of Last Inventory Review Enter date	
Enter date	
Enter date Storage Requirements	actices for hazardous materials, including
Enter date Storage Requirements erifies proper storage conditions and pra	actices for hazardous materials, including
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Are Flammable Liquids Stored in Approved Containers? Yes No N/A
Are Incompatible Materials Segregated? Yes No N/A
Describe Segregation Methods Employed Write something
Are Storage Areas Adequately Ventilated? Yes No N/A
Temperature of Storage Area (in °C) Enter a number
Are Secondary Containment Systems Present? Yes No N/A

Write something		
Are storage areas clean Yes No N/A	rly labeled with hazard warnings?	
Vooto Charact	orization ? Cogragation	
	erization & Segregation on and separation of hazardous waste streams.	
	on and separation of hazardous waste streams.	
waste Stream Identificat Paint & Coatings	on and separation of hazardous waste streams.	
Waste Stream Identificat Paint & Coatings Solvents	on and separation of hazardous waste streams.	
Waste Stream Identificat Paint & Coatings Solvents Acids/Bases	on and separation of hazardous waste streams.	
Waste Stream Identificat Paint & Coatings Solvents Acids/Bases Cleaning Compounds	on and separation of hazardous waste streams.	
Waste Stream Identificat Paint & Coatings Solvents Acids/Bases Cleaning Compounds Fluorescent Lamps	ation	
Waste Stream Identificat Paint & Coatings Solvents Acids/Bases Cleaning Compounds	on and separation of hazardous waste streams. ation ires Testing	

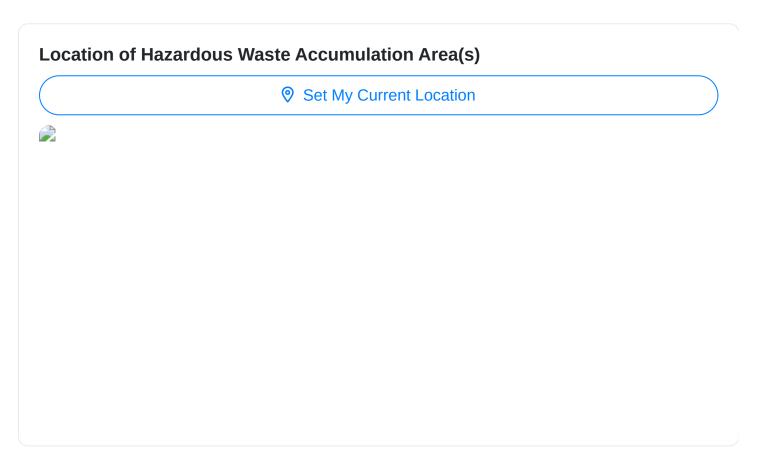
Hazard Class (if known) Flammable Corrosive Toxic Reactive Not Applicable	
Contaminants Present (Check all that apply) Heavy Metals VOCs (Volatile Organic Compounds) PCBs (Polychlorinated Biphenyls) Asbestos None Known	
Estimated Waste Quantity (in gallons/liters) Enter a number Date Waste Generated	
Enter date	

Notes/Comments regarding waste characteristics
Write something
Container Management Covers the proper selection, labeling, and inspection of waste containers.
Container Capacity (Gallons/Liters)
Enter a number
Container Type (e.g., 55-gallon drum, 1-gallon can) 55-gallon Drum 1-gallon Can 5-gallon Bucket Other - Specify in Long Text
Container Material (e.g., Plastic, Steel) Plastic Steel Other - Specify in Long Text
Container Condition Notes (e.g., rust, damage) Write something

Date of Last Container Inspection Enter date	
Container Labeling Verification (Check all that apply) Clearly Identifies Waste Includes Hazard Statements Includes Accumulation Start Date In Good Condition (Not Faded or Damaged)	
Upload Photo of Container Label (if necessary) L Upload File	

Waste Accumulation & Storage Areas

Addresses the requirements for designated accumulation and storage areas, including security and inspection.



Total Square Footage of Accumulation Area(s)
Enter a number
Security Measures in Place (check all that apply)
Fencing
Locked Access
Security Cameras
24/7 Surveillance
Other: [LONG_TEXT]
Maximum Number of Containers Allowed
Enter a number
Date of Last Inspection of Accumulation Area
Enter date
Summary of Findings from Last Inspection (if applicable)
Write something
Type of Flooring Material (for spill containment)
Impervious Concrete
Asphalt
Other: [LONG_TEXT]

Is Secondary Containment Present? Yes No
Photographs of Accumulation Area(s) L Upload File
Waste Transportation & Disposal Ensures compliant procedures for moving and disposing of hazardous waste off-site.
Waste Transporter Licensed? Yes No N/A
Waste Manifest Number Enter a number
Date of Waste Shipment Enter date
Manifest Follow-up Completed? Yes - Signed Copy Received No Pending

Notes/Comments on Waste Shipment
Write something
Disposal Facility Verified?
Yes - Permitted and Compliant
□ No
□ N/A
Waste Manifest Copy Upload File
- Opload Tile
mergency Response & Spill Control overs preparedness and procedures for handling spills and releases of hazardous atterials.
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What spill response equipment is readily available?	
Absorbent Pads/Materials	
Containment Booms	
Personal Protective Equipment (PPE)	
Neutralizing Agents	
Spill Kit(s)	
Other (Specify in LONG_TEXT)	
Number of trained spill response team members.	
Enter a number	
Date of last spill response drill.	
Enter date	
Describe the facility's communication procedures for reporting spills.	
Write something	
Upload a copy of the facility's Spill Response Plan.	
♣ Upload File	
Are spill reporting procedures readily accessible to all relevant personnel?	
Yes	
□ No	

Training & Documentation

Verifies adequate training for personnel handling hazardous materials and maintains proper records.

Last Hazardous Materials Training Date	
Enter date	
Training Topics Covered	
Hazard Identification	
SDS Understanding	
Proper Handling Procedures	
Emergency Response	
■ Waste Management	
Regulatory Requirements	
Copy of Training Records	
♣ Upload File	
Description of Training Program	
Write something	

Trainer Qualification	
Certified Hazardous Materials Manager	
Qualified Employee with Experience	
External Consultant	
Number of Employees Trained	
Enter a number	
Date of Last SDS Review	
Enter date	
Regulatory Compliance & Recordkeepin	g
Last Regulatory Agency Audit Date	
nsures adherence to all applicable local, state, and federal regulations	
Last Regulatory Agency Audit Date	
Last Regulatory Agency Audit Date Enter date	
Last Regulatory Agency Audit Date Enter date Summary of Audit Findings and Corrective Actions	
Last Regulatory Agency Audit Date Enter date Summary of Audit Findings and Corrective Actions	
Last Regulatory Agency Audit Date Enter date Summary of Audit Findings and Corrective Actions Write something	

Primary Regulatory Agency Contact Person
☐ EPA
State Environmental Agency
Local Authority
Contact Person's Name
Write something
Contact Person's Phone Number
Write something
Contact Person's Email Address
Write something
Copies of Permits and Licenses
♣ Upload File
Opioad File
Date of Last Training Record Review
Enter date