

HAZARDOUS WASTE INSPECTION CHECKLIST FOR SHWCCAF AREA

Form OEHSBPR7



Owner/Operator: Los Angeles Unified School District
Office of Environmental Health and Safety
333 S. Beaudry Ave, 21st Floor, Los Angeles, CA 90017
(213) 241-3199

Date: _____
Responsible Individual: _____
Facility: _____
Address: _____

Inspection Type: Weekly

REGULATORY REFERENCES	REQUIREMENTS	Y	N	NOTES
22 CCR 66265.173	Is waste accumulated in a D.O.T-approved container?	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 CCR 66262.34	Is the container labeled with a California Hazardous Waste Label with the following information? a. Generator Name and Address; b. EPA ID Number; c. Phone Number; d. Contents or Composition; e. Physical State; f. EPA Waste Number; g. State Waste Code; h. Proper D.O.T. Shipping Name; i. Hazardous Properties (except when properties are unknown and lab results are pending).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
22 CCR 66262.34 22 CCR 67450.44	Is the container used for specific waste consolidation labeled with a California hazardous Waste Label with the following information? a. Generator Name and Address; b. EPA ID Number; c. Phone Number; d. Contents or Composition; e. Physical State; f. EPA Waste Number; g. State Waste Code; h. Proper D.O.T. Shipping Name; i. Hazardous Properties (except when properties are unknown and lab results are pending). j. Consolidation Start Date	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
22 CCR 66273.14	Is the container used for universal waste labeled with a Universal Waste Label with the following information: a. Generator Name and Address; b. Contents; c. Accumulation Start Date.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
22 CCR 67450.42	Does the container have waste label specifying date when container was received?	<input type="checkbox"/>	<input type="checkbox"/>	_____

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22 CCR 66265.17 22 CCR 66265.171 22 CCR 66265.172 22 CCR 66265.173 22 CCR 66265.174	Are containers a. In good condition with no signs of holes, large dents, corrosion, leaking, bulging, heat stress, etc.? b. Securely closed at all times, except when adding or removing waste, taking lab samples or inspecting waste? c. Prevented from ruptures or spills? d. Compatible with waste?	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 CCR 66265.32c	Are spill kits and communication system located at a reasonable distance from the SHWCCAF	<input type="checkbox"/>	<input type="checkbox"/>	_____
FIRE CODE	Is the fire extinguisher located within 25 feet of the SHWCCAF (if fire extinguisher is located farther than 25 feet, contact Fire Dept. to determine if this is acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 CCR 66265.14	Is the following sign posted in both English and Spanish? "Hazardous Waste Storage Area, Authorized Personnel Only"	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 CCR 66265.14	Is the following sign posted in both English and Spanish? "No Smoking"?	<input type="checkbox"/>	<input type="checkbox"/>	_____
ANSI Z-358.1	Is there a working eye wash or shower located within 100 feet or 10 seconds from a potential hazard?	<input type="checkbox"/>	<input type="checkbox"/>	_____
BMP	Are containers and secondary containment in non-roof areas covered when there is a possibility of rain?	<input type="checkbox"/>	<input type="checkbox"/>	_____
FIRE	Are grounding and bonding straps used from transferring flammables?	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 CCR 67450.42	Are there any prohibited wastes stored at the SHWCCAF?	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 CCR 66265.14	Is there security fence with lockable gate	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 CCR 67450.44	Has any waste accumulated exceeds the one year storage time or total weight limit of 8,800 pounds (1,080 gallons)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 CCR 66261.7f	Are empty drums labeled as "Empty" with the date of last inspection? (Empty drums should be inspected at least once a year)	<input type="checkbox"/>	<input type="checkbox"/>	_____
40 CFR 761.45	PCB labels affixed to hazardous waste containers and SHWCCAF area with PCB waste?	<input type="checkbox"/>	<input type="checkbox"/>	_____
BMP	Is the secondary containment in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
BMP	Is there adequate aisle space between containers (minimum :24 inches)	<input type="checkbox"/>	<input type="checkbox"/>	_____