**GENERATOR’S INSPECTION RECORD**  
**SATELLITE ACCUMULATION AREA**  
**WEEKLY INSPECTION LOG**

Location of SAA: Auto Shop

Point of Contact: ___________________________  Phone #: ___________  Building: ___________  Room: ___________

**INSPECTION DATE:**  
Year: ___________  Month / Day: ___________

**CONTAINER CONDITIONS:** If any of the following are marked **YES**, explain the problem and corrective action on the back of this form. Identify each by line number and date.

1. Are any open?  
2. Are any severely rusted or leaking?  
3. Are any container heads bulging?  
4. Are any generating any heat?  
5. Are any odors noticeable?

**CONTAINER MARKINGS:** If any of the following are marked **NO**, explain the problem and corrective action on the back of this form. Identify each by line number and date.

6. Contents Marked on All Containers and Secondary Containers?  
7. “Hazardous Waste”, “Used Oil”, “Spent Antifreeze” Marked on All Containers?

**CONTAINER STORAGE:** If any of the following are marked **NO**, explain the problem and corrective action on the back of this form. Identify each by line number and date.

8. Are all ignitable’s away from ignition source?  
9. Are incompatibles separated?

**SATELLITE ACCUMULATION AREA:** If any of the following are marked **NO**, explain the problem and corrective action on the back of this form. Identify each by line number and date.

10. Have all hazardous waste generators been trained?  
11. Is the area free of hazardous waste releases?  
12. Is secondary containment provided where necessary?  
13. Is secondary containment in sound condition, no cracks, deformities etc.?  
14. Are spill kits available and supplied?  
15. Is emergency contact information clearly identified and posted?  
16. Are emergency communication devices working?

**INITIALS OF PERSON CONDUCTING THE INSPECTION**

Notes:

X = Yes, N = No  
Retain Original for Your Records  
When full, provide a copy to EH&S – Fax to x4690.

EH&S Form  
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