# ATTACHMENT 6-1
**To Section 6, Procedures to Prevent Hazards**

# EXAMPLE INSPECTION FORMS

# MIXED WASTE FACILITY
# RCRA/TSCA PERMIT

**Mixed Waste Operations**

# EXAMPLE DAILY INSPECTION CHECKLIST

| ITEMS OF INSPECTION | Day | M | T | W | TT | F | Sat | Sun | |
|---|---|---|---|---|---|---|---|---|---|
| **General Facility** | **Date** | | | | | | | | **Describe all deficiencies and Corrective Action needed.** |
| | **Time** | | | | | | | | |
| | **Insp.** | | | | | | | | |
| Inspect the previous week's completed daily inspection checklist for any problems noted. | | | | | | | | | |
| Is the Mixed Waste Facility in operation today? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are external and internal communications systems working properly. (Telephone and Radios) | Y | | | | | | | | |
| | N | | | | | | | | |
| **Loading/Unloading Area of Building 13** | | **M** | **T** | **W** | **TT** | **F** | **Sat** | **Sun** | |
| Inspect the floor for evidence of leaks, spills, cracks, or scratches. | Y | | | | | | | | |
| | N | | | | | | | | |
| Are containers properly stacked and/or palletized? | Y | | | | | | | | |
| | N | | | | | | | | |
| Is sufficient spill cleanup material available in the area? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are all hazardous containers properly labeled? | Y | | | | | | | | |
| | N | | | | | | | | |
| **Processing Areas of Building 13** | | **M** | **T** | **W** | **TT** | **F** | **Sat** | **Sun** | |
| Inspect the floor for evidence of leaks, spills, cracks, or scratches. | Y | | | | | | | | |
| | N | | | | | | | | |
| | N | | | | | | | | |
| Is the floor free of dirt, trash, debris, products, or PPE? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are all containers properly staged, labeled and barcoded? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are reagent tanks, empty? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are incompatible waste streams segregated into separate storage cabinets in Room SB-02 or WSB-4? | Y | | | | | | | | |
| | N | | | | | | | | |
| Is there an adequate supply of spill cleanup material? | Y | | | | | | | | |
| | N | | | | | | | | |

| Container Storage Area WSB-1 | | M | T | W | TT | F | Sat | Sun | Describe all deficiencies and corrective action needed. |
|---|---|---|---|---|---|---|---|---|---|
| Inspect all storage areas for evidence of leaks, spills, cracks, or scratches. | Y | | | | | | | | |
| | N | | | | | | | | |
| Check secondary containment surfaces, sealants, welds for any evidence of leaks, corrosion, cracks, etc. | Y | | | | | | | | |
| | N | | | | | | | | |
| Is the area free of accumulated liquids? | Y | | | | | | | | |
| | N | | | | | | | | |
| Ensure that there is adequate supply of spill cleanup material available in the area. | Y | | | | | | | | |
| | N | | | | | | | | |
| Are containers properly stacked for optimum stability and no more than three containers high or two rows wide? | Y | | | | | | | | |
| | N | | | | | | | | |
| Is there at least 30 inches of aisle space between rows of containers and the containers and walls? (WAC 173-303-630(5)(c)) | Y | | | | | | | | |
| | N | | | | | | | | |
| Are all fire extinguishers marked and readily accessible? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are incompatible waste streams segregated into separate storage areas? | Y | | | | | | | | |
| | N | | | | | | | | |
| Check that all containers are properly labeled, barcoded, and that labels are both legible and visible from aisles. | Y | | | | | | | | |
| | N | | | | | | | | |
| **Container Storage Area WSB-2** | | **M** | **T** | **W** | **TT** | **F** | **Sat** | **Sun** | **Describe all deficiencies and corrective action needed.** |
| Inspect all storage areas for evidence of leaks, spills, cracks, or scratches. | Y | | | | | | | | |
| | N | | | | | | | | |
| Check secondary containment surfaces, sealants, welds for any evidence of leaks, corrosion, cracks, etc. | Y | | | | | | | | |
| | N | | | | | | | | |
| Is the area free of accumulated liquids? | Y | | | | | | | | |
| | N | | | | | | | | |
| Ensure that there is adequate supply of spill cleanup material available in the area. | Y | | | | | | | | |
| | N | | | | | | | | |
| Are containers properly stacked for optimum stability and no more than three containers high or two rows wide? | Y | | | | | | | | |
| | N | | | | | | | | |
| Is there at least 30 inches of aisle space between rows of containers and the containers and walls? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are all fire extinguishers marked and readily accessible? | Y | | | | | | | | |
| | N | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|
| Are incompatible waste streams segregated into separate storage areas? | Y | | | | | | | | |
| | N | | | | | | | | |
| **Container Storage Area WSB-3** | | **M** | **T** | **W** | **TT** | **F** | **Sat** | **Sun** | **Describe all deficiencies and corrective action needed.** |
| Check that all containers are properly labeled, barcoded, and that labels are both legible and visible from aisles. | Y | | | | | | | | |
| | N | | | | | | | | |
| Inspect all storage areas for evidence of leaks, spills, cracks, or scratches. | Y | | | | | | | | |
| | N | | | | | | | | |
| Check secondary containment surfaces, sealants, welds for any evidence of leaks, corrosion, cracks, etc. | Y | | | | | | | | |
| | N | | | | | | | | |
| Is the area free of accumulated liquids? | Y | | | | | | | | |
| | N | | | | | | | | |
| Ensure that there is adequate supply of spill cleanup material available in the area. | Y | | | | | | | | |
| | N | | | | | | | | |
| Are containers properly stacked for optimum stability and no more than three containers high or two rows wide? | Y | | | | | | | | |
| | N | | | | | | | | |
| Is there at least 30 inches of aisle space between rows of containers and the containers and walls? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are all fire extinguishers marked and readily accessible? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are incompatible waste streams segregated into separate storage areas? | Y | | | | | | | | |
| | N | | | | | | | | |
| | N | | | | | | | | |
| **Container Storage Area WSB-4** | | **M** | **T** | **W** | **TT** | **F** | **Sat** | **Sun** | **Describe all deficiencies and corrective action needed.** |
| Inspect all storage areas for evidence of leaks, spills, cracks, or scratches. | Y | | | | | | | | |
| | N | | | | | | | | |
| Check secondary containment surfaces, sealants, welds for any evidence of leaks, corrosion, cracks, etc. | Y | | | | | | | | |
| | N | | | | | | | | |
| Is the area free of accumulated liquids? | Y | | | | | | | | |
| | N | | | | | | | | |
| Ensure that there is adequate supply of spill cleanup material available in the area. | Y | | | | | | | | |
| | N | | | | | | | | |
| Are containers properly stacked for optimum stability and no more than three containers high or two rows wide? | Y | | | | | | | | |
| | N | | | | | | | | |
| Is there at least 30 inches of aisle space between rows of containers and the containers and walls? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are all fire extinguishers marked and readily accessible? | Y | | | | | | | | |
| | N | | | | | | | | |

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| Are incompatible waste streams segregated into separate storage areas? | Y | | | | | | | | |
| | N | | | | | | | | |
| Check that the containers stored outside the HAZMAT cabinets are properly labeled, barcoded, and both legible and visible from the aisles. | Y | | | | | | | | |
| | N | | | | | | | | |
| **Thermal Area** | | **M** | **T** | **W** | **TT** | **F** | **Sat** | **Sun** | |
| Inspect floor and equipment for solid, liquid, or gas leakage or signs of tampering. | Y | | | | | | | | |
| | N | | | | | | | | |
| Are all containers properly staged, labeled and barcoded? | Y | | | | | | | | |
| | N | | | | | | | | |
| | N | | | | | | | | |
| Inspect waste staging areas, feed systems, piping, and vents for leaks, spills, or signs of tampering. | Y | | | | | | | | |
| | N | | | | | | | | |
| **Tank Systems** | | **M** | **T** | **W** | **TT** | **F** | **Sat** | **Sun** | |
| Check overfill control devices, including level sensors, high level alarms, automatic waste feed cut-off, or bypass to standby tanks. | Y | | | | | | | | |
| | N | | | | | | | | |
| Inspect exterior surfaces of all tanks and surrounding areas to detect corrosion, weld breaks, punctures, or releases of waste. (Look for discolored surfaces, corrosion, peeling paint, or pooled liquids.) | Y | | | | | | | | |
| | N | | | | | | | | |
| **Loading/Unloading Rail Area (RLA)** | | **M** | **T** | **W** | **TT** | **F** | **Sat** | **Sun** | |
| Inspect the floor for evidence of leaks, spills, cracks, or scratches. | Y | | | | | | | | |
| | N | | | | | | | | |
| Are containers properly stacked and/or palletized? | Y | | | | | | | | |
| | N | | | | | | | | |
| Is sufficient spill cleanup material available in the area? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are all hazardous containers properly labeled? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are there any accumulated liquids? | Y | | | | | | | | |
| | N | | | | | | | | |
| Is an oily sheen visible? | Y | | | | | | | | |
| | N | | | | | | | | |
| **Loading/Unloading Truck Area (TLA)** | | **M** | **T** | **W** | **TT** | **F** | **Sat** | **Sun** | |
| Inspect the floor for evidence of leaks, spills, cracks, or | Y | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| scratches. | N | | | | | | | | |
| Are containers properly stacked and/or palletized? | Y | | | | | | | | |
| | N | | | | | | | | |
| Is sufficient spill cleanup material available in the area? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are all hazardous containers properly labeled? | Y | | | | | | | | |
| | N | | | | | | | | |
| Are there any accumulated liquids? | Y | | | | | | | | |
| | N | | | | | | | | |
| Is an oily sheen visible? | Y | | | | | | | | |
| | N | | | | | | | | |

INSPECTOR: _____(Print/Sign) _____Date

**Mixed Waste Operations**

# EXAMPLE WEEKLY INSPECTION CHECKLIST

Week Starting Date: _____ Date: _____

**INSPECTOR:** _____ **TIME:** _____

| ITEMS OF INSPECTION | Conforms? | | Resolution |
|---|---|---|---|
| **General Facility** | **YES** | **NO** | **Describe all deficiencies and corrective action needed.** |
| Inspect the previously completed weekly inspection checklist for any problems noted. | | | |
| Walk access and facility roads to inspect for deterioration, erosion, and evidence of spills. Inspect roads for navigability during snowy or icy conditions. | | | |
| Check the First Aid Supplies for adequacy in the Administrative Building. | | | |
| Check the First Aid Supplies for adequacy in Building 13. | | | |
| Ensure that all areas of the site provide for the conveyance of emergency and fire equipment. | | | |
| Ensure all processing area Operations Weekly Checklists have been completed. | | | |
| **Security Devices and Warning Signs Building 13** | | | |
| Inspect site security devices (i.e. fences, gates, doors, and locks) for proper function, damage, etc. Inspect all gates and doors to ensure that they are either locked or attended. | | | |
| Ensure the function of all communications and warning devices, i.e. telephones, two-way radios, fire alarms, smoke detectors, and evacuation alarms. | | | |
| Inspect fences for signs of soil erosion and no more than 6 inches of space beneath the bottom of the fence fabric. | | | |
| Check site warning signs to determine if signs are present at all locations required and that they are visible and legible from a distance of 25 feet. | | | |
| Ensure warning signs are posted at each door and gate that provides access to secured areas. | | | |
| **Safety Equipment Building 13** | | | |
| Ensure that all fire extinguishers are in place, properly labeled, readily accessible, and inspected in the last month. | | | |

| ITEMS OF INSPECTION | Conforms? | | Resolution |
|---|---|---|---|
| Ensure that eye wash/safety showers are not blocked and that there is a dedicated aisle for access. | | | |
| **Tank Systems Building 13** | **YES** | **NO** | **Describe all deficiencies and corrective action needed.** |
| Document the readiness of the equipment for use and if it has been disconnected, disturbed, broken, or removed. | | | |
| Inspect liquid level in all hazardous waste tanks. | | | |
| Check overfill control devices, including level sensors, high level alarms, automatic feed cut-off or by-passes to standby tanks. | | | |
| Inspect exterior surfaces of all tanks to detect corrosion, weld breaks, punctures, or releases of waste. Look for discolored surfaces, corrosion, peeling paint, or pooled liquid. | | | |
| Secondary containment: Visually inspect surfaces and coatings for deterioration or potential leak sources. | | | |
| **Thermal Area** | **YES** | **NO** | **Describe all deficiencies and corrective action needed.** |
| Ensure AWFCOs have been recalibrated, as required. | | | |
| Check feed airlock indicators. | | | |
| **Container Storage Areas Building 13** | | | |
| Inspect for deterioration of surface conditions on the storage pad. | | | |
| Visually inspect ceiling for leaks and signs of deterioration. | | | |
| Inspect exterior of containers for evidence of leaks, corrosion, holes, bulges, poorly fitting lids, or peeling paint. | | | |
| Check for sufficient quantities of spill cleanup supplies. | | | |
| Check that incompatibles, ignitable and reactives are properly segregated. | | | |

INSPECTOR:_____(Print/Sign) _____Date

**Mixed Waste Operations**

# EXAMPLE MONTHLY INSPECTION CHECKLIST

Month Starting Date: _____ Date: _____

Inspector: _____ Time: _____

| ITEMS OF INSPECTION | Conforms? | | Resolution |
|---|---|---|---|
| **General Facility** | **YES** | **NO** | **Describe all deficiencies and corrective action needed.** |
| Inspect the previously completed monthly inspection checklist for any problems noted. | | | |
| Test the functionality of all facility safety showers/eye washes. | | | |
| Inspect the entire facility's roads and parking areas for signs of spills or leaks including oil from company owned vehicles. | | | |
| Ensure all processing area Operations Monthly Checklists have been completed | | | |
| **Security Devices and Warning Signs** | | | |
| Check the operation of the emergency lights. | | | |
| Ensure that all Emergency Coordinator contact numbers are still accurate and working. | | | |
| Check to ensure that a copy of the Contingency Plan, a list of emergency numbers, the incident notification checklist, a description of the evacuation routes, and the Incident Commander's Response Checklist are posted or placed on the wall near telephones in operating areas. | | | |
| **Preparedness and Prevention** | | | |
| Check all emergency cut-off valves and alarms for proper functioning. | | | |
| Ensure that there is an adequate supply of PPE available for operations and emergency response. | | | |
| Check preventive maintenance log of backup power generator. | | | |
| **Container Storage Areas** | | | |
| Inspect all Exit signs for functional lighting and visibility. | | | |
| Ensure that there are no hazardous containers greater than one year old in storage. | | | |

| ITEMS OF INSPECTION | Conforms? | | Resolution |
|---|---|---|---|
| **Thermal Area** | | | |
| Inspect the unit and all piping for signs of leaks or corrosion. | | | |
| Inspect the ladders and railing for integrity and slip/trip hazards. | | | |

INSPECTOR: _____(Print/Sign) _____Date

| EXAMPLE MIXED WASTE OPERATIONS DEFICIENCY<br>Date | Description of Deficiency | Department | Rec'd by / Date | Nature of Correction / Date / Initials |
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**All Deficiency Corrections Verified:** _____

**(Print / Sign / Date)**