## THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO WEEKLY INTERNAL INSPECTION FORM Department: \_\_\_\_\_ Date: \_\_\_ 1) Is the following equipment in good operating condition? Yes No N/A a) Monitoring equipment b) Safety & Emergency equipment c) Security devices d) Operating & Structural e) Other: f) Type of problems (1) Malfunction (2) Operator error (3) Discharges 2) Have there been any repairs or remedial action? a) If so, describe: 3) Are there any malfunction or other deficiencies not corrected? 4) Does the department handle any ignitable or reactive wastes? a) If so, is the waste separated and confined from sources of ignition or reaction (open flame, smoking, cutting & welding, hot surfaces, frictional heat), sparks (static, electrical, or mechanical), spontaneous ignition (e.g., heat-producing chemical reactions), and radiant heat? b) Are smoking and open flame confined to specifically designated locations? c) Are "No Smoking" signs posted in hazardous area? d) Are precautions documented? 5) Is there sufficient aisle space to allow unobstructed movement of personnel and equipment? 6) Is a contingency plan maintained? a) Is there an evacuation plan? b) Are emergency phone numbers posted? c) Is the emergency coordinator's name(s), phone number, and addresses posted? 7) Are storage containers in good condition? 8) Are containers made of materials that will not react with the waste stored therin? 9) Are containers always closed while holding hazardous waste?

10) Are containers always closed while holding hazardous waste?

11) Do container storage areas have a containment system in good condition?		
12) Are containers holding ignitable and reactive waste located at least 50 ft.		
from facility property line?		
13) Are incompatible wastes or materials place in the same containers?		
14) Are hazardous wastes placed in washed, clean containers when they previously held incompatible waste?		
15) Are incompatible hazardous wastes separated from each other by a berm, dike, wall, or other device?		