

EPA Hazardous Waste Management Checklist

Safety & Compliance | US

| | | | |
|----------------------------------|---------|----------|---------------|
| AUDIT DATE ____ / ____ / ____ | AUDITOR | FACILITY | EPA ID NUMBER |
|----------------------------------|---------|----------|---------------|

GENERATOR STATUS

- Generator category determined correctly
 VSQG
 SQG
 LQG
 Unknown
- EPA ID number obtained (if SQG or LQG)
 Yes
 Needed
 N/A
- Generator category re-evaluated if waste quantities changed
 Yes
 Review Needed

WASTE CHARACTERIZATION

- All waste streams identified
 Yes
 Gaps
- Hazardous waste determination made for each stream
 Yes
 Incomplete
- Listed wastes identified by EPA code (F, K, U, P lists)
 Yes
 N/A
- Characteristic testing performed where needed (D codes)
 Yes
 Needed
 N/A
- Determination documentation on file
 Yes
 Incomplete

CONTAINER MANAGEMENT

- Containers in good condition (no rust, dents, leaks)
 OK
 Replace
- Containers compatible with waste contents
 OK
 Issue
- Containers kept closed except when adding waste
 OK
 Open Containers Found
- Labels include 'Hazardous Waste'
 OK
 Missing
- Labels include waste description and hazard codes
 OK
 Incomplete
- Accumulation start date on each container
 OK
 Missing

STORAGE AREAS

- Satellite accumulation areas (<55 gal, at point of generation)
 Compliant
 Issue
 N/A
- Central storage area properly permitted or exempt
 Yes
 Issue
- Storage time limits met (90/180/270 days per status)
 Yes
 Overdue

| | YES | ISSUE |
|--|---|-----------------------|
| Incompatible wastes separated | <input type="radio"/> | <input type="radio"/> |
| Secondary containment in place | <input type="radio"/> | <input type="radio"/> |
| Inspection log maintained (weekly for LQG) | <input type="checkbox"/> Yes <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A | |

MANIFESTING & RECORDKEEPING

- Uniform Hazardous Waste Manifest used for all shipments
 Yes
 Gaps
- Manifest copies received back from disposal facility
 Yes
 Missing
- Exception reports filed for late manifest returns
 Yes
 Needed
 N/A

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Records retained minimum 3 years Yes Gaps

Biennial report filed (LQG) Yes Overdue N/A

TRAINING & EMERGENCY PREPAREDNESS

| | YES | OVERDUE |
|---|-----------------------|-----------------------|
| Personnel trained within 6 months of employment | <input type="radio"/> | <input type="radio"/> |
| Annual refresher training completed | <input type="radio"/> | <input type="radio"/> |
| Training records on file <input type="checkbox"/> Yes <input type="checkbox"/> Incomplete | | |
| Contingency plan in place (LQG) <input type="checkbox"/> Yes <input type="checkbox"/> Needed <input type="checkbox"/> N/A | | |
| Emergency equipment available (extinguisher, spill kit, phone) <input type="checkbox"/> Yes <input type="checkbox"/> Gaps | | |
| Emergency coordinator designated <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

AUDIT FINDINGS

Findings and corrective actions

Auditor signature

Notes

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