

**OSU Environmental Health & Safety Dept.
Satellite Accumulation Point
Weekly Inspection**

Location: _____

Department: _____

Person in charge of satellite accumulation point: _____

...Condition is acceptable or OK

...Condition is deficient

...Condition is corrected

(Note all deficiencies and corrections in "Comments." Date and initial all comments.)

Date & Time	Condition of Container(s)	No Signs of Leakage	Container(s) Closed	Haz. Waste Labeled	General	Inspector's Name

Comments:

Inspect hazardous waste satellite accumulation point(s) container(s) weekly--preferably the same day each week. Correct any deficiencies as soon as discovered.

Send completed form to Environmental Health & Safety Dept., 120 Physical Plant Bldg., on the last day of each month. Retain a copy of this form in the lab for 3 years, which should be available for inspection review.

Weekly container inspections are required by federal and state hazardous waste rules and regulations.

This form can be photocopied as needed.