Columbia University
Hazardous Waste Room Inspection Report

☐ **Flammable Storage Area** ☐ **Lack Pack Storage Area**

Hazardous Waste Room Inspection Report

Location: Bldg. Room: Date:
Inspected By: _____ Time:

	Containers and Room	*yes*	*no*	*NA*
Container Condition & Arrangement	1. Are containers in good condition?	☐	☐	☐
	2. Is container compatible with chemical being stored?	☐	☐	☐
	3. Is the area free from evidence of leaks and spills?	☐	☐	☐
	4. Are all waste containers closed?	☐	☐	☐
	5. Is aisle space sufficient for inspection of all containers?	☐	☐	☐
	6. Can emergency equipment access the area?	☐	☐	☐
Comment:				
Containment	7. Do container storage areas have a containment system?	☐	☐	☐
	8. Is there any accumulated precipitation?	☐	☐	☐
	9. Are the floor and containment areas free of cracks and other deficiencies?	☐	☐	☐
	10. Are floor drains sealed?	☐	☐	☐
	11. Is container always closed while holding hazardous wastes?	☐	☐	☐
Comment:				
Labels & Segregation	12. Are containers labeled? Date/Content/Generator	☐	☐	☐
	13. Are labels legible?	☐	☐	☐
	14. Are labpack chemicals properly labeled?	☐	☐	☐
	15. Are chemicals properly segregated before storage in cabinets?	☐	☐	☐
	16. Are incompatible chemicals separated from each other?	☐	☐	☐
Comment:				
Emergency Equipment	17. Adequate supply of emergency response materials available?	☐	☐	☐
	18. Are emergency phone numbers and exit routes posted?	☐	☐	☐
	19. Is communication device readily accessible and functioning?	☐	☐	☐
	20. Are fire extinguishers operable?	☐	☐	☐
	21. Are fume hoods functional? Date of certification: _____	☐	☐	☐
	22. Are safety showers and eye wash stations functional?	☐	☐	☐
Comment:				
Housekeeping & Security	23. Is there a buildup of garbage in the waste room?	☐	☐	☐
	24. Is chemical residue on the floor?	☐	☐	☐
	25. Is access restricted to authorized personnel?	☐	☐	☐
	26. Is the room locked when unoccupied?	☐	☐	☐

Corrective Actions (Continue on back as needed)

Inspection Item #	Corrective action taken	Date of correction

PI:	Alternative PI:	
Date:	Building/room:	Dept.:
Inspector Name:		

1. Volume and Proper Practice				
A	No. of 5-gallon containers holding hazardous waste			
B	No. of 5-gallon containers which are labeled as hazardous waste w/ content			
C	No. of 5-gallon containers of hazardous waste w/ caps in place			
D	No. of containers holding waste materials. Include beakers, flasks, etc.			
E	No. of those smaller containers which are labeled as hazardous waste w/ contents			
F	No. of waste containers with caps in place			
2. Containers		Yes	No	n/a
A	Do waste containers show any signs of cracks, bulges, leaks, overfills, or residue?	☐	☐	☐
B	Are there containers of stock chemicals that have residue, are cracked, or are excessively old? Describe:	☐		☐
C	Do any waste containers appear to have moved from their original location?	☐		☐
D	Are the waste containers stored in the hallway?	☐		☐
E	Is the room approved for flammable storage?	☐		☐
F	Is the fire permit valid, and is the quantity acceptable?	☐		☐
G	If waste is stored in a fume hood, are the vents blocked?	☐		☐
H	Are waste containers compatible with the waste in the hold?	☐		☐
I	Are incompatible wastes stored separately? Describe arrangements:	☐		☐
J	Are there containers that might be unknown? Describe:	☐		☐
K	Are glass bottles used for waste storage? Are the bottles on the floor, in sinks, or susceptible to breakage?	☐		☐
3. Acute Hazardous Waste				
A	Total amount of P-Listed Waste (in pounds)			
B	Identify the acutely hazardous wastes			
C	Have empty containers of P waste been triple rinsed?	yes	no	n/a
D	Are P-listed materials in the original bottles?	yes	no	n/a
4. Regulated Medical Waste				
A	Is regulated medical waste generated?	yes	no	n/a
B	No. of RMW bins			
5. Glassware Wastes				
A	Is glassware waste generated?	yes	no	n/a
B	No. of glass boxes			
C	Does broken glassware waste contain chemical waste?	yes	no	n/a
6. Training				
A	Who has received training?			
B	Who requires training?			

Draw a diagram of the lab

Overall lab compliance (1 [----------I----------] 10)

Follow-up Activity	Completion Date
1. Volume and Proper Practice A through F	
2. Containers A through K	
3. Acute Waste A through D	
4. Regulated Medical Waste	
5. Glassware Wastes A through C	
6. Training A and C	