ATTACHMENT C

Accumulation Area Inspection Log

Room Number_____ Inspector's Name _____

Date	Conditions (if other than okay, complete column 3)	Corrective Actions Taken	Inspector's initials

On a weekly basis, inspect for container condition, complete and proper labeling, that satellite accumulation quantity or time limits have not been exceeded, materials are in secondary containment and are not leaking, incompatible wastes are segregated, containers are closed (except to add or remove waste). Note any discrepancies and corrective actions taken. Be sure to initial and date each entry.