



General Facility Inspection Checklist for Dangerous Waste Generators

For all monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment

If you are a medium quantity generator (MQG)¹ or large quantity generator (LQG),² you must develop and follow a written site-wide general facility inspection schedule, similar to the example included below.

This checklist doesn't substitute for weekly central accumulation area inspections or daily tank inspections. Please refer to the [Weekly Inspection Checklist](#)³ and Dangerous Waste Tank System Daily Inspection Logs (MQG log⁴ or LQG log⁵) for details about those types of inspections.



Routine inspections can prevent malfunctions and deterioration of equipment, operator errors, and dangerous waste releases. You must conduct inspections often enough to identify problems and make corrections before emergencies occur. Use this checklist as a written or electronic record of your inspections. Documentation is required and must include the following:

- The date and time of the inspection.
- The printed name and the handwritten or electronic signature of the inspector.
- A notation of the observations made (e.g., if you answer no, record the deficiencies and describe the corrections made).
- The date and nature of any repairs or remedial actions taken.

If you have questions or need help, [contact your regional Ecology office](#).⁶

Instructions

This form is an example of a monthly inspection checklist. Follow these steps to make sure your facility remains in compliance:

1. Conduct inspections based on the schedule developed by your facility. Frequency is determined based on a variety of factors, such as type of equipment you're using. Your regional Ecology office can answer questions about developing a schedule.
2. Common equipment and devices are included in this checklist; however, this may not cover everything you should monitor. Customize the "other" section to add items specific to your operation.
3. Answer "yes" or "no" for each question.
4. Fill out the Observations Made and Actions Taken sections as appropriate.
5. Retain this record at your facility for at least five years after the date of the inspection.

1 WAC 173-303-172(13)(a)-(c): <https://apps.leg.wa.gov/WAC/default.aspx?cite=173-303-172>

2 WAC 173-303-200(10)(a)-(c): <https://apps.leg.wa.gov/WAC/default.aspx?cite=173-303-200>

3 Weekly Inspection Checklist: <https://apps.ecology.wa.gov/publications/SummaryPages/1204019.html>

4 <https://apps.ecology.wa.gov/publications/SummaryPages/2004032.html>

5 <https://apps.ecology.wa.gov/publications/SummaryPages/2004031.html>

6 <https://ecology.wa.gov/contact.html>

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General Facility Inspection Checklist for Dangerous Waste Generators

Hazardous Waste and Toxics Reduction Program



Facility Name:

EPA/State ID Number:

Inspection Month	Inspection Date	Time	Inspector's Printed Name	Signature
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

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Hazardous Waste and Toxics Reduction Program

	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Are emergency communication devices available and functioning?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Has the fire alarm been checked?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Is the fire suppression system working?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Are the eyewash stations and emergency showers operational?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If portable eyewash stations are in use, are they non-expired?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Are first aid kits stocked?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Are spill kits stocked?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Is the site secured (facility access: gates, doors, etc.)?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Are equipment, piping, or conveyance systems free of corrosion and leaks?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

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Hazardous Waste and Toxics Reduction Program

	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Are “No Smoking” signs posted near ignitable and reactive wastes as appropriate?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Are containment systems in good condition and capable of capturing a release?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Other:	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Other:	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Other:	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

Observations Made and Actions Taken

You must document and fix any problems identified by the inspection. Describe the action(s) you took below.