

**Example Weekly Inspection Checklist for Short-Term Hazardous Waste Storage Areas  
Vermont Department of Environmental Conservation**

**Name of Company:** \_\_\_\_\_

**HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST** (for fully-regulated generators)

**For Month of** \_\_\_\_\_ **;** **Year** \_\_\_\_\_

| Date | Rusting, bulging or leaking container(s)? | Availability of Safety and emergency Equipment (fire extinguisher, spill kit, decontamination equipment)? | 24-inch aisle space? | Problem areas and corrective actions taken? | Signature or initials of inspector |
|------|---|---|----------------------|---|------------------------------------|
|      |   |   |                      |   |                                    |
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|      |   |   |                      |   |                                    |

**For Month of** \_\_\_\_\_ **;** **Year** \_\_\_\_\_

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**Note: Weekly inspections shall be conducted at least every seven (7) days.**