|  |  |  |  |
| --- | --- | --- | --- |
| **SAA COMPANY (OR SHOP) NAME:** | | | |
| **POC NAME:** | **Phone Number:** | | **Email Address:** |
| **INSPECTION DATES:** | | | |
| **LOCATION:** | | **SHIP NAME:** | |
| **TYPE OF CONTAINMENT (i.e.: CLAMSHELL, LOCKER):** | | | |
| **Type of Material:** | **SAA #(s):** | | **Size & # of Containers:** |
| **Type of Material:** | **SAA #(s):** | | **Size & # of Containers:** |
| **Type of Material:** | **SAA #(s):** | | **Size & # of Containers:** |
| **All checklist questions must be answered. All “NO” answers require the violation to be noted and corrected unless otherwise noted. Comment may include violation description, action, date action completed, and other pertinent details.** | | | |
| **SATELLITE ACCUMULATION AREA**  **Compliance Questions** | **Circle Answer** | | **Comment** |
| **1**. Is the SATELLITE ACCUMULATION AREA near the point of generation and under control of the operator of the process generating the waste? | Yes No | |  |
| **2**. Is the area free of any spills or container overfills (waste product on the container lid) and is good housekeeping maintained? | Yes No | |  |
| 3. Is a fire extinguisher located and available within 50 feet and is Inspection current? | Yes No | |  |
| 4. Is spill control equipment (examples: absorbents) available and full at the site? | Yes No | |  |
| 5. Is the SAA within 25 FT of waterways or in proximity to storm drains on the facility. | Yes No | |  |
| 6. Is a “SATELLITE ACCUMULATION AREA” sign with Primary emergency contact information posted at the site? | Yes No | |  |
| 7. Is a “NO SMOKING” sign posted? | Yes No | |  |
| 8. **If the SAA container has reached capacity has the container been dated & requested to be moved to the CAA site within 72 hours?** | Yes No | |  |
| 8a. How many containers and what are the contents? |  | |  |
| **If there is no Hazardous Waste (HW) currently stored at the site answer N/A for the remainder of checklist.** | | | |
| 9. Is the total volume of hazardous waste 55 gallons or less (OR 1 quart or less of acutely hazardous waste)? PER WASTE STREAM | Yes No N/A | |  |
| 10. Are HW containers kept sealed except when waste is being added or removed? | Yes No N/A | |  |
| 11. HW Labels:  a. Does each HW container have a HW label?  b. Clearly visible and facing out for inspection?  c. Include the word, “HAZARDOUS WASTE?”  d. Include specific contents of the waste(s)?  e. Include the accumulation date? | Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A | |  |
|  |  | |  |
| **If there is no Universal Waste (UW) currently stored at the site answer N/A for the remainder of checklist.** | | | |
| 12. Are UW containers kept sealed except when waste is being added or removed? | Yes No N/A | |  |
| 13. Is each UW container for the UW(s) labeled with the accumulation date? | Yes No N/A | |  |
| 14. Is each UW item or the container for the UW(s) labeled with one of the following phrases? Circle the applicable item: | | |  |
| a. “Universal Waste – Battery(ies)”, or | Yes No N/A | |  |
| b. “Universal Waste – Pesticide(s)”, or | Yes No N/A | |  |
| c. “Universal Waste – Lamp(s)”, or | Yes No N/A | |  |
| d. “Universal Waste – Mercury Halide " | Yes No N/A | |  |
| Any UNSAT or additional information that needs noted list here: | | | |

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| --- | --- | --- |
| Inspection Date: | SAA #(s): | Print Name/Signature: |
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**WHEN COMPLETED SUBMIT TO THE EHS DEPARTMENT FOR APPROVAL**

Reviewed by EHS Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_