

Small Quantity Generator (SQG) Central Accumulation Area Monthly Checklist

| | | |
|--|----------------|-----------|
| Location (Site, Building, and Room): | Date (MM/YYYY) | |
| Item Checklist: Read through the checklist. Check “Yes” or “No”. If you answer “NO” to any item, include corrective actions taken in the inspection record. | | |
| | Yes | No |
| 1. Maximum accumulations of hazardous waste (55 gallons, less than 100kg) and acutely toxic wastes (P listed, 1 kg or 1 quart or less) within limits? | | |
| 2. Waste containers are appropriate for the type of waste (will prevent spills if tipped over), in good condition and closed at all times unless waste is being added? | | |
| 3. All containers of hazardous waste have a completed hazardous waste label? | | |
| 4. Full containers are dated and shipped off site within 180 days? | | |
| Comments: | | |

Inspection Record: Record the date when inspecting and adding hazardous/acutely hazardous waste. Record gallons for liquids and kilograms for solids.

| Today's Date | Hazardous Added | Acutely Hazardous Added | Conditions/Corrective |
|------------------|-----------------|-------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Totals: → | | | |

| End of Month Hazardous Waste Generation Log | Hazardous | Acute | Comments |
|---|-----------|-------|----------|
| <i>Previous Months</i> Waste Totals: | | | |
| Current Monthly Waste Total: | | | |

Monthly generation of waste ***less than*** 27 gallons/100 kg of Hazardous Waste and 1kg Acute?
 Yes No. If “No,” explain why:

| | |
|-------------------|--|
| Signature: | |
|-------------------|--|

At the end of the month, file this checklist for record keeping and record the previous month's totals on the next month's checklist