

Hazardous Waste Management Audit Checklist

Facility Name:

Date of Audit:

Auditor(s):

1. Documentation & Training

| Item | Compliant | Comments |
|---|-----------|----------|
| Hazardous waste management plan available and current | | |
| Personnel trained in hazardous waste handling | | |
| Training records maintained | | |
| Waste manifests and documentation up to date | | |

2. Waste Identification & Storage

| Item | Compliant | Comments |
|---|-----------|----------|
| Containers properly labeled | | |
| Containers closed except when adding/removing waste | | |
| Incompatible wastes stored separately | | |
| Secondary containment in place | | |

3. Storage Area Inspection

| Item | Compliant | Comments |
|--|-----------|----------|
| Weekly inspections performed and documented | | |
| No leaks, spills, or corrosion observed | | |
| Access to storage areas controlled | | |
| Emergency equipment accessible and in good condition | | |

4. Disposal & Transport

| Item | Compliant | Comments |
|--|-----------|----------|
| Waste shipped off-site by approved contractors | | |
| Shipping records and manifests maintained | | |

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| Emergency contact info available | | |
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5. Observations & Recommendations

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6. Signature

Name:

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Date:

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