

# Hazardous Waste Storage Audit Checklist

Audit Date

Auditor Name

Storage Location

## Checklist

Item	Compliant	Comments
Containers are properly labeled	<input type="checkbox"/>	<div></div>
Containers are in good condition (not leaking/damaged)	<input type="checkbox"/>	<div></div>
Waste is compatible with container type	<input type="checkbox"/>	<div></div>
Storage area is clearly marked	<input type="checkbox"/>	<div></div>
Spill kits/accessories available	<input type="checkbox"/>	<div></div>
Aisle space maintained for inspection and movement	<input type="checkbox"/>	<div></div>
Secondary containment in place	<input type="checkbox"/>	<div></div>
No evidence of leaks or spills	<input type="checkbox"/>	<div></div>
Proper signage posted	<input type="checkbox"/>	<div></div>
Emergency contact information visible	<input type="checkbox"/>	<div></div>

Additional Notes

Follow-Up Actions Required