

**Appendix B1. Chemical Hygiene Plan
 Satellite Storage Weekly Inspection for Location: _____**

Date:												
Inspector's Initials:												
Label – verify start date												
Label – waste description												
Label – hazard characteristics identified												
Container is compatible with waste												
Spill Kit is stocked												
Cleanliness – area is free of debris												
Telephone is accessible and working												
Containers are closed												
There are no leaks												
Comments:												

Inspected by: _____