

Permit Required

RMHF Hazardous Waste Container
Weekly Inspection Checklist

DATE	INSPECTORS NAME	INSPECTORS SIGNATURE	INSPECTION TIME		DEPARTMENT NAME AND NUMBER			
7/17/13	M. Spenard	M. Spenard	AM	1045 PM	Environmental Health & Safety, N340			

AREA INSPECTION SECTION	4021		4022		4621		4621-Yard	
	Yes	No	Yes	No	Yes	No	Yes	No
Number of containers inspected		0		0		0		0
Are hazardous waste containers in good condition? (No rusting or apparent structural damage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Are hazardous waste containers free from leaks and residues on the outside of the container?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Are hazardous waste containers free of deterioration caused by corrosion of other factors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is the area surrounding the containers free from leaks and residues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is there sufficient space between the hazardous waste containers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Are hazardous waste container lids securely closed and latched?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is the hazardous waste being stored compatible with the container?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Are incompatible hazardous wastes segregated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is Hazardous Waste Form 642-J properly filled out and attached to the container?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is hose and safety shower/eye wash unobstructed and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is emergency communication system (phone, facility PA) in working condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is fire extinguisher visible, operational & inspected monthly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is spill control supplies stocked per inventory sheet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Are vault floors free of standing liquid?			<input checked="" type="checkbox"/>	<input type="checkbox"/>				

BUILDING 4075 AND 4075-YARD SECTION		
Are Building 4075 and the 4075-Yard area free of any hazardous waste?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

NOTE SECTION

DISCREPANCY INDICATION AND CORRECTION SECTION			
Area Manager:	Signature:	Date:	
Describe Discrepancy And Action(s) Taken To Correct:			
<hr/> <hr/> <hr/>			
Date Discrepancy Corrected:	Area Manager:	Signature:	Date:

Evaluation and Action
 All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. Notify the area manager of the discrepancy and indicate the action taken in the "Discrepancy Indication And Correction Section". The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign where indicated.
 NOTE: Completed weekly container inspection checklists are to be kept at or near the location where the hazardous waste containers are stored.

Permit Required

RMHF Hazardous Waste Container
Weekly Inspection Checklist

DATE	INSPECTORS NAME	INSPECTORS SIGNATURE	INSPECTION TIME	DEPARTMENT NAME AND NUMBER
7/24/13	M-Spenard	M-Spenard	AM 1450 PM	Environmental Health & Safety, N340

AREA INSPECTION SECTION	4021		4022		4621		4621-Yard	
	Yes	No	Yes	No	Yes	No	Yes	No
Number of containers inspected	<input checked="" type="checkbox"/>							
Are hazardous waste containers in good condition? (No rusting or apparent structural damage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Are hazardous waste containers free from leaks and residues on the outside of the container?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Are hazardous waste containers free of deterioration caused by corrosion of other factors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is the area surrounding the containers free from leaks and residues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is there sufficient space between the hazardous waste containers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Are hazardous waste container lids securely closed and latched?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is the hazardous waste being stored compatible with the container?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Are incompatible hazardous wastes segregated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is Hazardous Waste Form 642-J properly filled out and attached to the container?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is hose and safety shower/eye wash unobstructed and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is emergency communication system (phone, facility PA) in working condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is fire extinguisher visible, operational & inspected monthly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Is spill control supplies stocked per inventory sheet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Are vault floors free of standing liquid?			<input checked="" type="checkbox"/>	<input type="checkbox"/>				

BUILDING 4075 AND 4075-YARD SECTION	
Are Building 4075 and the 4075-Yard area free of any hazardous waste?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

NOTE SECTION

DISCREPANCY INDICATION AND CORRECTION SECTION			
Area Manager:	Signature:	Date:	
Describe Discrepancy And Action(s) Taken To Correct:			
<hr/>			
<hr/>			
<hr/>			
Date Discrepancy Corrected:	Area Manager:	Signature:	Date:

Evaluation and Action
 All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. Notify the area manager of the discrepancy and indicate the action taken in the "Discrepancy Indication And Correction Section". The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign where indicated.
 NOTE: Completed weekly container inspection checklists are to be kept at or near the location where the hazardous waste containers are stored.

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The Boeing Company

HWMF Closure Weekly Inspection Checklist

NOTE: This form is to be used only to document the weekly inspection of the Hazardous Waste Management Facility to ensure the sites remain secure and are safe for workers to enter. If hazardous waste(s) is/are present, completion of the Hazardous Waste Container Weekly Inspection Form is required. Completed forms should be maintained in the HWMF control room. Copies of inspections with discrepancies shall be mailed to the SHEA DOE Site Restoration Department.

Table with 4 columns: INSPECTION DATE (7-17-13), INSPECTION TIME (3:00 AM, PM), FACILITY (B/4029), DEPT. (DOE SITE RESTORATION)

Evaluation and Action

All "YES" answers mean no discrepancies exist. A "NO" answer to any question means a discrepancy exists that requires corrective action. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area manager must fill in date of correction and sign at the bottom of form.

Table with 3 columns: Question, YES, NO. Contains 8 inspection questions with checkboxes.

Inspectors Name: PAUL WAITE Signature: [Handwritten Signature] Date: 7-17-13

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign: _____ Date: _____

Describe Discrepancy (use back if necessary): _____

Multiple horizontal lines for describing discrepancies.

Date Corrected: _____

Area Manager: _____ Signature: _____ Date: _____

Permit Required

The Boeing Company

HWMF Closure Weekly Inspection Checklist

NOTE: This form is to be used only to document the weekly inspection of the Hazardous Waste Management Facility to ensure the sites remain secure and are safe for workers to enter. If hazardous waste(s) is/are present, completion of the Hazardous Waste Container Weekly Inspection Form is required. Completed forms should be maintained in the HWMF control room. Copies of inspections with discrepancies shall be mailed to the SHEA DOE Site Restoration Department.

INSPECTION DATE	INSPECTION TIME	FACILITY	DEPT.
7-17-13	AM 2:45 PM	B/4133	DOE SITE RESTORATION

Evaluation and Action

All "YES" answers mean no discrepancies exist. A "NO" answer to any question means a discrepancy exists that requires corrective action. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area manager must fill in date of correction and sign at the bottom of form.

	YES	NO
Is security fencing maintained in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the building structural integrity maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the area free of safety hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are pest control measures maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are hazardous waste warning signs in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the building exterior free of damage and/or deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is area access control maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are hazardous wastes and/or materials excluded from storage in the area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is emergency communication system working?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Tank T-2 empty and clean and penetrations sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has vegetation been cleared to maintain safety? NOTE: Do NOT drive vehicles in un-maintained areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is fire extinguisher inspection current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspectors Name: PAUL WATTE

Signature: 

Date: 7-17-13

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign: _____ Date: _____

Describe Discrepancy (use back if necessary):

Date Corrected: _____

Manager Name: _____ Signature: _____ Date: _____

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The Boeing Company

HWMF Closure Weekly Inspection Checklist

NOTE: This form is to be used only to document the weekly inspection of the Hazardous Waste Management Facility to ensure the sites remain secure and are safe for workers to enter. If hazardous waste(s) is/are present, completion of the Hazardous Waste Container Weekly Inspection Form is required. Completed forms should be maintained in the HWMF control room. Copies of inspections with discrepancies shall be mailed to the SHEA DOE Site Restoration Department.

Table with 4 columns: INSPECTION DATE (7-24-13), INSPECTION TIME (4:05 AM), FACILITY (B/4029), DEPT. (DOE SITE RESTORATION)

Evaluation and Action

All "YES" answers mean no discrepancies exist. A "NO" answer to any question means a discrepancy exists that requires corrective action. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area manager must fill in date of correction and sign at the bottom of form.

Table with 3 columns: Question, YES, NO. Contains 8 inspection questions with checkboxes.

Inspectors Name: PAUL WAITE Signature: [Handwritten Signature]

Date: 7-24-13

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign: _____ Date: _____

Describe Discrepancy (use back if necessary): _____

Multiple horizontal lines for describing the discrepancy.

Date Corrected: _____

Area Manager: _____ Signature: _____ Date: _____

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The Boeing Company

HWMF Closure Weekly Inspection Checklist

NOTE: This form is to be used only to document the weekly inspection of the Hazardous Waste Management Facility to ensure the sites remain secure and are safe for workers to enter. If hazardous waste(s) is/are present, completion of the Hazardous Waste Container Weekly Inspection Form is required. Completed forms should be maintained in the HWMF control room. Copies of inspections with discrepancies shall be mailed to the SHEA DOE Site Restoration Department.

INSPECTION DATE	INSPECTION TIME	FACILITY	DEPT.
7-24-13	AM 4:20 PM	B/4133	DOE SITE RESTORATION

Evaluation and Action

All "YES" answers mean no discrepancies exist. A "NO" answer to any question means a discrepancy exists that requires corrective action. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area manager must fill in date of correction and sign at the bottom of form.

	YES	NO
Is security fencing maintained in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the building structural integrity maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the area free of safety hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are pest control measures maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are hazardous waste warning signs in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the building exterior free of damage and/or deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is area access control maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are hazardous wastes and/or materials excluded from storage in the area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is emergency communication system working?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is tank T-2 empty and clean and penetrations sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has vegetation been cleared to maintain safety? NOTE: Do NOT drive vehicles in un-maintained areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is fire extinguisher inspection current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspectors Name: PAUL WAITE

Signature: 

Date: 7-24-12

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign: _____

Date: _____

Describe Discrepancy (use back if necessary):

Date Corrected: _____

Manager Name: _____ Signature: _____ Date: _____

ETEC Facility Weekly Inspection Records

Inspector Print: Cornelius Chisom

Inspector Sign: *Cornelius Chisom*

Date: 12-Jul-13

Building 4019

Item	Inspection Criteria	Pass	Fail	Issues
Lighting	Verify that indoor lighting is adequate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PERMANENT ELECTRICAL DISCONNECT 11/2013 FLASHLIGHT REQUIRED.
Electrical Cords	Check for wear or damage, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Circuit Breakers	Verify minimum clearance in front of electrical switchgear is maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Foundation	Inspect visible areas, vents, and ducts for cracks, leaks or blockage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roofing and Siding	Check for leaks, Check for damaged, loose, or missing panels, Check vents and louvers for birds, nests, squirrels and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Condition	Check for unsafe Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Concrete and Asphalt	Check for cracks, deterioration, or staining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Water Totes	Check for leakage of water Totes into secondary containers (roll-offs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Placards	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Comments (Notify PIC of any Unacceptable Conditions) NO ISSUES TO REPORT THIS PERIOD

Date and method of resolution

Manager's Signature: _____ Date: _____

ETEC Facility Weekly Inspection Records

Inspector Print: Cornelius Chisom

Inspector Sign: *Cornelius Chisom*

Date: 12-Jul-13

Building 4024

Item	Inspection Criteria	Pass	Fail	Issues
Barriers and Barricades	Check for damaged, missing , or needed barriers and barricades	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pipes	Inspect visible pipes for leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lighting	Verify that indoor lighting is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electrical Cords	Check for wear or damage, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Circuit Breakers	Verify minimum clearance in front of electrical switchgear is maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roofing and Siding	Check for leaks, Check for damaged, loose, or missing panels, Check vents and louvers for birds, nests, squirrels and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Condition	Check for unsafe Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sumps	Check for standing water in basement area, Pump as necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Concrete and Asphalt	Check for cracks, deterioration, or staining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Placards	Verify facility placards are in place and accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments (Notify PIC of any Unacceptable Conditions)	ROLLUP DOOR INOPERATIVE			
	BACKHOE BEING STORED IN THIS BUILDING			
Date and method of resolution				
Manager's	Signature:	Date:		

ETEC Facility Weekly Inspection Records

Inspector Print: Cornelius Chisom

Inspector Sign: *Cornelius Chisom*

Date: 12-Jul-13

Building 4057

Item	Inspection Criteria	Pass	Fail	Issues
Water Systems	Check interior and exterior water systems (sinks, faucets, toilets, etc.) for leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lighting	Verify that indoor lighting is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electrical Cords	Check for wear or damage, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Circuit Breakers	Verify minimum clearance in front of electrical switchgear is maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Foundation	Inspect visible areas, vents, and ducts for cracks, leaks or blockage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roofing and Siding	Check for leaks, Check for damaged, loose, or missing panels, Check vents and louvers for birds, nests, squirrels and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Condition	Check for unsafe Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Concrete and Asphalt	Check for cracks, deterioration, or staining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Placards	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Comments (Notify PIC of any Unacceptable Conditions)	NO ISSUES TO REPORT THIS PERIOD			
Date and method of resolution				
Manager's	Signature:			Date:

ETEC Facility Weekly Inspection Records

Inspector Print: Cornelius Chisom

Inspector Sign: Cornelius Chisom

Date: 12-Jul-13

Building 4462

Item	Inspection Criteria	Pass	Fail	Issues
Barriers and Barricades	Check for damaged, missing , or needed barriers and barricades	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roofing and Siding	Check for leaks, Check for damaged, loose, or missing panels, Check vents and louvers for birds, nests, squirrels and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Condition	Check for unsafe Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Placards	Verify facility placards are in place and accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Comments (Notify PIC of any Unacceptable Conditions)	NO ISSUES TO REPORT THIS PERIOD			
Date and method of resolution				
Manager's	Signature:	Date:		

ETEC Facility Weekly Inspection Records

Inspector Print: Cornelius Chisom

Inspector Sign: *Cornelius Chisom*

Date: 12-Jul-13

Building 4463

Item	Inspection Criteria	Pass	Fail	Issues
Barriers and Barricades	Check for damaged, missing , or needed barriers and barricades	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roofing and Siding	Check for leaks, Check for damaged, loose, or missing panels, Check vents and louvers for birds, nests, squirrels and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Condition	Check for unsafe Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Placards	Verify facility placards are in place and accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Comments (Notify PIC of any Unacceptable Conditions) NO ISSUES TO REPORT THIS PERIOD

Date and method of resolution

Manager's Signature: _____ Date: _____

ETEC Facility Weekly Inspection Records

Inspector Print: Cornelius Chisom

Inspector Sign: *Cornelius Chisom*

Date: 19-Jul-13

Building 4019

Item	Inspection Criteria	Pass	Fail	Issues
Lighting	Verify that indoor lighting is adequate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PERMANENT ELECTRICAL DISCONNECT 11/2013 FLASHLIGHT REQUIRED.
Electrical Cords	Check for wear or damage, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Circuit Breakers	Verify minimum clearance in front of electrical switchgear is maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Foundation	Inspect visible areas, vents, and ducts for cracks, leaks or blockage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roofing and Siding	Check for leaks, Check for damaged, loose, or missing panels, Check vents and louvers for birds, nests, squirrels and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Condition	Check for unsafe Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Concrete and Asphalt	Check for cracks, deterioration, or staining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Water Totes	Check for leakage of water Totes into secondary containers (roll-offs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Placards	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Comments (Notify PIC of any Unacceptable Conditions)	NO ISSUES TO REPORT THIS PERIOD			
Date and method of resolution				
Manager's	Signature:			Date:

ETEC Facility Weekly Inspection Records

Inspector Print: Cornelius Chisom

Inspector Sign: *Cornelius Chisom*

Date: 19-Jul-13

Building 4024

Item	Inspection Criteria	Pass	Fail	Issues
Barriers and Barricades	Check for damaged, missing , or needed barriers and barricades	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pipes	Inspect visible pipes for leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lighting	Verify that indoor lighting is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electrical Cords	Check for wear or damage, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Circuit Breakers	Verify minimum clearance in front of electrical switchgear is maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roofing and Siding	Check for leaks, Check for damaged, loose, or missing panels, Check vents and louvers for birds, nests, squirrels and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Condition	Check for unsafe Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sumps	Check for standing water in basement area, Pump as necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Concrete and Asphalt	Check for cracks, deterioration, or staining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Placards	Verify facility placards are in place and accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments (Notify PIC of any Unacceptable Conditions)	NO ISSUES TO REPORT THIS PERIOD			
	BACKHOE BEING STORED IN THIS BUILDING			
Date and method of resolution				
Manager's	Signature:	Date:		

ETEC Facility Weekly Inspection Records

Inspector Print: Cornelius Chisom

Inspector Sign: *Cornelius Chisom*

Date: 19-Jul-13

Building 4057

Item	Inspection Criteria	Pass	Fail	Issues
Water Systems	Check interior and exterior water systems (sinks, faucets, toilets, etc.) for leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lighting	Verify that indoor lighting is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electrical Cords	Check for wear or damage, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Circuit Breakers	Verify minimum clearance in front of electrical switchgear is maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Foundation	Inspect visible areas, vents, and ducts for cracks, leaks or blockage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roofing and Siding	Check for leaks, Check for damaged, loose, or missing panels, Check vents and louvers for birds, nests, squirrels and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Condition	Check for unsafe Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Concrete and Asphalt	Check for cracks, deterioration, or staining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Placards	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Comments (Notify PIC of any Unacceptable Conditions)	NO ISSUES TO REPORT THIS PERIOD			
Date and method of resolution				
Manager's	Signature:	Date:		

ETEC Facility Weekly Inspection Records

Inspector Print: Cornelius Chisom

Inspector Sign: *Cornelius Chisom*

Date: 19-Jul-13

Building 4462

Item	Inspection Criteria	Pass	Fail	Issues
Barriers and Barricades	Check for damaged, missing , or needed barriers and barricades	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roofing and Siding	Check for leaks, Check for damaged, loose, or missing panels, Check vents and louvers for birds, nests, squirrels and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Condition	Check for unsafe Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Placards	Verify facility placards are in place and accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Comments (Notify PIC of any Unacceptable Conditions) NO ISSUES TO REPORT THIS PERIOD

Date and method of resolution

Manager's Signature: _____ Date: _____

ETEC Facility Weekly Inspection Records

Inspector Print: Cornelius Chisom

Inspector Sign: *Cornelius Chisom*

Date: 19-Jul-13

Building 4463

Item	Inspection Criteria	Pass	Fail	Issues
Barriers and Barricades	Check for damaged, missing , or needed barriers and barricades	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roofing and Siding	Check for leaks, Check for damaged, loose, or missing panels, Check vents and louvers for birds, nests, squirrels and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	Check for trash, animal droppings, weeds, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Condition	Check for unsafe Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility Placards	Verify facility placards are in place and accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Comments (Notify PIC of any Unacceptable Conditions) NO ISSUES TO REPORT THIS PERIOD

Date and method of resolution

Manager's Signature: _____ Date: _____