

CLEAN HARBORS GRASSY MOUNTAIN, LLC
Grassy Mountain Facility
Inspection Record

TYPE: **Daily**
 FORM: **TD02**

Date of Inspection: _____ Time: _____ AM/PM PAGE 1 OF 1

TSCA / STORAGE

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
SUMPS AND SECONDARY CONTAINMENT:	Check for standing liquid				
	Check for oil stains or other signs that a release has occurred				
	Prior to loading or unloading operations, check for cracks or gaps that would allow liquid to escape				
TANKS / DRAIN AND FLUSH VATS:	Check for leaks, corrosion, erosion or other signs of deterioration of the tanks / tank systems				

Inspector's Name: _____ Inspector's Signature: _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO

REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO

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Date of Inspection: _____ Time: _____ AM/PM PAGE 1 OF 2

TSCA / STORAGE

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
HOUSEKEEPING:	Check for cleanliness and general order				
SUMPS AND SECONDARY CONTAINMENT:	Check for cracks or gaps that would allow liquid to escape				
AISLE SPACE:	Check to ensure that there is sufficient width between containers to allow passage of personnel and equipment for fire and spill control, and leak detection				
HOSES, PUMPS & PIPING	Check to ensure hoses are in good condition and pumps and piping have no leaks in seals, fittings or connections				

Inspector's Name: _____ Inspector's Signature: _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

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ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO

REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO

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TYPE: Weekly
FORM: TW01

Date of Inspection: _____ Time: _____ AM/PM PAGE 2 OF 2

TSCA / STORAGE

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
SAFETY & EMERGENCY EQUIPMENT:	Check to ensure all operational areas can be reached by page or emergency alarm in the event of an emergency				
GROUNDS SURROUNDING STORAGE AREAS:	Check for signs of leakage and contamination, such as oil spots				
STORAGE BUILDING:	Check outside for signs for openings, deterioration or structural weakness				

Inspector's Name: _____ Inspector's Signature: _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

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ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO

REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO