Town of Westford
Health Department

TABLE B
Hazardous Waste
Monthly Inventory Checklist for Containers Larger than 50 Gallons Liquid Capacity

Facility Name:_____ **Facility Contact:_____**

1	2	3	4	5	6	7	8
Date	**Container ID**	**Amount Present at Beginning of Period**	**Amount Added**	**Amount Disposed**	**Amount Otherwise Lost**	**Amount Present at End of Period**	**Initials of Inspector**