**Town of Westford**
**Health Department**

**TABLE C**
**HAZARDOUS WASTE-Waste Accumulation Area**
**Weekly Inspection Checklist for Facility Operators**

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Date** | **No Leaks** | **Labeled "Hazardous Waste"** | **Chemical Names written** | **Hazard Class Checked** | **Containers closed** | **Within Secondary Containment** | **Incompatible wastes Segregated** | **Containers dated when accumulation began** | **Deficiencies fixed or otherwise resolved** | **Initials of Inspector** |
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√ = **Satisfactory**

X = **Deficiency**