

Date of Inspection: _____ Time: _____ AM/PM					PAGE <u>1</u> OF <u>1</u>	
LANDFILL SYSTEMS						
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS	
		OK	NOT OK			
ALL CELLS / LEACHATE ALL RISERS:	Check leachate collection risers for secure caps.					
LANDFILL CELLS:	Check for erosion, settling and subsidence					
Inspector's Name: _____ Inspector's Signature: _____						
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):						
<u>IF STATUS NOT OK, MARK THE FOLLOWING</u>						
ENVIRONMENTAL DEPARTMENT CONTACTED:			() YES	() NO		
REMEDIAL WORK ORDER ISSUED:			() YES	WORK ORDER # _____	() NO	