

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.
Grassy Mountain Facility
Inspection Record

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

SITE MONITORING SYSTEMS

| EQUIPMENT / STRUCTURE/ ITEM | INSPECTION ELEMENT | STATUS | | IF "NOT OK" STATE REASON | DATE & TIME CORRECTED & INITIALS |
|--------------------------------|--|--------|-----------|-----------------------------|--|
| | | OK | NOT OK | | |
| METEOROLOGICAL STATION: | Check for proper operation of all instruments and recording devices. | | | | |
| | Check for presence of the data logbook. | | | | |

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