Last Revised 04/20/01

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

TYPE: **Daily**
FORM: **RD06**

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

CONTAINER MANAGEMENT

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
DRUM DOCK AND PADS:	Check for correct segregation of incompatible wastes:				
	Check each container closure seals (bung, lid sealing ring, box lid, bag tie, etc., if appropriate)				
	Check sumps for liquids.				
	Check for transfer loads nearing nine (9) days (10 day maximum)				

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