Last Revised 04/20/01

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

TYPE: **Daily**
FORM: **RD09**

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

MISCELLANEOUS

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
TRANSFER AREA:	Check tank unloading areas for evidence of spills.				
WHEEL WASH AREA:	Check for evidence of spills and discoloration.				
SAMPLING AREA:	Check for evidence of spills and discoloration.				

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