Last Revised 04/20/01

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

TYPE: **Daily**
FORM: **RD10**

Date of Inspection:_____ Time: _____ AM/PM PAGE__ OF__

STABILIZAION TANK SYSTEMS

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
SECONDARY CONTAINMENT:	Check for liquid.				
	Inspect area around tank system for evidence of leaking (discoloration)				
	Check for evidence of corrosion, deterioration, or leaking (ancillary equipment).				

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