

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC. TYPE: Monthly
Grassy Mountain Facility FORM: RM01
Inspection Record

Date of Inspection: _____ Time: _____ AM/PM

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SAFETY AND EMERGENCY EQUIPMENT

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
FIRE EXTINGUISHERS:	Check tags for expiration dates.				
	Check pressure gages for adequate pressure.				
EMERGENCY GENERATOR:	Start and operate to ensure functional status.				
FIRST AID KITS:	Check to ensure adequate inventory of contents.				

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