Last Revised 04/20/01

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC. TYPE: **Quarterly**
Grassy Mountain Facility FORM: **RQ01**
Inspection Record

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

Container Management Unit

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
DRUM DOCK AND PADS:	Cover the bottom of each sump with one (1) inch of water and allow it to remain for 24 hours. Inspect the water level at the end of the 24 hours. A drop in the liquid level might indicate a defective sump				

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