Last Revised 04/20/01

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

TYPE: **Weekly**
FORM: **RW02**

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

SAFETY AND EMERGENCY EQUIPMENT

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
FIRE FIGHTING WATER:	Check storage tank level. It should be at least ninety percent (90%) of the tank capacity.				
FIRE HYDRANTS / HOSES:	Check for adequate access.				
	Check for damage or deterioration.				
EYEWASH / SHOWERS:	Check operational status.				
	Check for damage or deterioration.				

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