

Inspection Record

Date of Inspection: _____ Time: _____ AM/PM
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LANDFILL SYSTEMS

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
ALL CELLS: LEACHATE, ALL RISERS:	Check for the presence of leachate in and the proper functioning of the detection/collection systems.				

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

Last Revised 04/20/01

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC. TYPE: = 7 DAYS
Grassy Mountain Facility FORM: RW06
Inspection Record