

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC. TYPE: WEELKY
Grassy Mountain Facility FORM: RW08
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 leachate pump operability.				
	Check leachate collection risers for secure caps.				

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