Last Revised 04/20/2001 **SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.** TYPE: **= 7 DAYS**
Grassy Mountain Facility FORM: **RW10**
Inspection Record

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

SURFACE IMPOUNDMENT SYSTEM

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
SURFACE IMPOUNDMENT:	Check for the presence of liquid in and the proper functioning of the detection system.				

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