

Eckoff, Michael

From: Troy,Randy D <rtroy@triumvirate.com>
Sent: Tuesday, September 12, 2023 4:20 PM
To: Eckoff, Michael
Subject: Inspection Records
Attachments: ER Cabinet Inspection.pdf; TSDF Inspections.pdf

EXTERNAL MESSAGE

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Please see attached inspection records.

V/r

Randy Troy
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Figure II B 5

Emergency Equipment and Personnel Safety Cabinet Inspection Form

Inspector Name: RANDY TROY

Date: 14 AUG 2023

Time: 0730

RMJ

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	/	
	2	Salvage drums (lined or poly)	/	
	4	8-inch diameter, 10-foot long sorbent booms	/	
	2	Spark-resistant safety shovels	/	
	2	Crowbars (nonsparking)	/	
	2	18-inch pipe wrenches (nonsparking)	/	
	2	Drum plug wrenches (nonsparking)	/	
	4	Explosion proof flashlights	/	
	1	Megaphone or Air Horn	/	
	2	Nylon ropes (each 50 feet long, 1/2 inch thick)	/	
	1	Oxygen kit	/	
	5	Safety glasses	/	
	10	Safety goggles	/	
	5	Face shield/hard hat combination	/	
	2	Emergency eye/face/body wash	/	
	20	Tyveks (or equivalent) total body coverage	/	
	4	Duct Tape Rolls	/	
	10	Rubber boots	/	
	10	Rubber gloves	/	
	5	Corrosive-resistant aprons	/	
	2	Corrosive-resistant suits	/	
	5	Leather gloves	/	
	10	Half-face respirators	/	
	5	Full-face respirators	/	
	1	Box of respirator cartridges (OV and AG)	/	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

Figure II B 5

Emergency Equipment and Personnel Safety Cabinet Inspection Form

Inspector Name: *R. Tray*

Date: *20 July 2023*

Time:

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
	5	Full-face respirators	✓	
	1	Box of respirator cartridges (OV and AG)	✓	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

Figure II B 5

Emergency Equipment and Personnel Safety Cabinet Inspection Form

Inspector Name: R. Troy

Date: 20 JUNE 2023

Time: 1200

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
	5	Full-face respirators	✓	
	1	Box of respirator cartridges (OV and AG)	✓	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

Figure II B 5

Emergency Equipment and Personnel Safety Cabinet Inspection Form

Inspector Name: R. Tray

Date: 30 MAY 2023

Time: 0700

R. Tray

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
	5	Full-face respirators	✓	
	1	Box of respirator cartridges (OV and AG)	✓	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

Figure II B 5

Emergency Equipment and Personnel Safety Cabinet Inspection Form

Inspector Name: R. Tray

Date: 24 April 2023

Time: 0730

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
	5	Full-face respirators	✓	
	1	Box of respirator cartridges (OV and AG)	✓	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

Figure II B 5

Emergency Equipment and Personnel Safety Cabinet Inspection Form

Inspector Name: *R. Tray*

Date: *13 MARCH 2023*

Time: *0930*

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
	5	Full-face respirators	✓	
	1	Box of respirator cartridges (OV and AG)	✓	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

**Figure II B 5
Emergency Equipment and Personnel Safety Cabinet Inspection Form**

Inspector Name: *R. Troy*

Date: *14 FEB 2023*

Time: *0730*

Comments:	Quantity	Description	Yes	No
<i>RMZ</i>	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
5	Full-face respirators	✓		
1	Box of respirator cartridges (OV and AG)	✓		

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

**Figure II B 5
Emergency Equipment and Personnel Safety Cabinet Inspection Form**

Inspector Name: R. Tray

Date: 16 JAN 2023

RMJ

Time: 1600

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
	5	Full-face respirators	✓	
	1	Box of respirator cartridges (OV and AG)	✓	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

**Figure II B 5
Emergency Equipment and Personnel Safety Cabinet Inspection Form**

Inspector Name: _____

Date: _____

Time: _____

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums		
	2	Salvage drums (lined or poly)		
	4	8-inch diameter, 10-foot long sorbent booms		
	2	Spark-resistant safety shovels		
	2	Crowbars (nonsparking)		
	2	18-inch pipe wrenches (nonsparking)		
	2	Drum plug wrenches (nonsparking)		
	4	Explosion proof flashlights		
	1	Megaphone or Air Horn		
	2	Nylon ropes (each 50 feet long, ½ inch thick)		
	1	Oxygen kit		
	5	Safety glasses		
	10	Safety goggles		
	5	Face shield/hard hat combination		
	2	Emergency eye/face/body wash		
	20	Tyveks (or equivalent) total body coverage		
	4	Duct Tape Rolls		
	10	Rubber boots		
	10	Rubber gloves		
	5	Corrosive-resistant aprons		
	2	Corrosive-resistant suits		
	5	Leather gloves		
	10	Half-face respirators		
	5	Full-face respirators		
	1	Box of respirator cartridges (OV and AG)		

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

**Figure II B 5
Emergency Equipment and Personnel Safety Cabinet Inspection Form**

Inspector Name: _____

Date: _____

Time: _____

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums		
	2	Salvage drums (lined or poly)		
	4	8-inch diameter, 10-foot long sorbent booms		
	2	Spark-resistant safety shovels		
	2	Crowbars (nonsparking)		
	2	18-inch pipe wrenches (nonsparking)		
	2	Drum plug wrenches (nonsparking)		
	4	Explosion proof flashlights		
	1	Megaphone or Air Horn		
	2	Nylon ropes (each 50 feet long, ½ inch thick)		
	1	Oxygen kit		
	5	Safety glasses		
	10	Safety goggles		
	5	Face shield/hard hat combination		
	2	Emergency eye/face/body wash		
	20	Tyveks (or equivalent) total body coverage		
	4	Duct Tape Rolls		
	10	Rubber boots		
	10	Rubber gloves		
	5	Corrosive-resistant aprons		
	2	Corrosive-resistant suits		
	5	Leather gloves		
	10	Half-face respirators		
	5	Full-face respirators		
	1	Box of respirator cartridges (OV and AG)		

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

**Figure II B 5
Emergency Equipment and Personnel Safety Cabinet Inspection Form**

Inspector Name: _____

Date: _____

Time: _____

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums		
	2	Salvage drums (lined or poly)		
	4	8-inch diameter, 10-foot long sorbent booms		
	2	Spark-resistant safety shovels		
	2	Crowbars (nonsparking)		
	2	18-inch pipe wrenches (nonsparking)		
	2	Drum plug wrenches (nonsparking)		
	4	Explosion proof flashlights		
	1	Megaphone or Air Horn		
	2	Nylon ropes (each 50 feet long, ½ inch thick)		
	1	Oxygen kit		
	5	Safety glasses		
	10	Safety goggles		
	5	Face shield/hard hat combination		
	2	Emergency eye/face/body wash		
	20	Tyveks (or equivalent) total body coverage		
	4	Duct Tape Rolls		
	10	Rubber boots		
	10	Rubber gloves		
	5	Corrosive-resistant aprons		
	2	Corrosive-resistant suits		
	5	Leather gloves		
	10	Half-face respirators		
	5	Full-face respirators		
	1	Box of respirator cartridges (OV and AG)		

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

Figure II B 5

Emergency Equipment and Personnel Safety Cabinet Inspection Form

Inspector Name: *R. Truay*

Date: *05 ~~14~~ 2022* *DGC*

Time:

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	<input checked="" type="checkbox"/>	
	2	Salvage drums (lined or poly)	<input checked="" type="checkbox"/>	
	4	8-inch diameter, 10-foot long sorbent booms	<input checked="" type="checkbox"/>	
	2	Spark-resistant safety shovels	<input checked="" type="checkbox"/>	
	2	Crowbars (nonsparking)	<input checked="" type="checkbox"/>	
	2	18-inch pipe wrenches (nonsparking)	<input checked="" type="checkbox"/>	
	2	Drum plug wrenches (nonsparking)	<input checked="" type="checkbox"/>	
	4	Explosion proof flashlights	<input checked="" type="checkbox"/>	
	1	Megaphone or Air Horn	<input checked="" type="checkbox"/>	
	2	Nylon ropes (each 50 feet long, 1/2 inch thick)	<input checked="" type="checkbox"/>	
	1	Oxygen kit	<input checked="" type="checkbox"/>	
	5	Safety glasses	<input checked="" type="checkbox"/>	
	10	Safety goggles	<input checked="" type="checkbox"/>	
	5	Face shield/hard hat combination	<input checked="" type="checkbox"/>	
	2	Emergency eye/face/body wash	<input checked="" type="checkbox"/>	
	20	Tyveks (or equivalent) total body coverage	<input checked="" type="checkbox"/>	
	4	Duct Tape Rolls	<input checked="" type="checkbox"/>	
	10	Rubber boots	<input checked="" type="checkbox"/>	
	10	Rubber gloves	<input checked="" type="checkbox"/>	
	5	Corrosive-resistant aprons	<input checked="" type="checkbox"/>	
	2	Corrosive-resistant suits	<input checked="" type="checkbox"/>	
	5	Leather gloves	<input checked="" type="checkbox"/>	
	10	Half-face respirators	<input checked="" type="checkbox"/>	
	5	Full-face respirators	<input checked="" type="checkbox"/>	
	1	Box of respirator cartridges (OV and AG)	<input checked="" type="checkbox"/>	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

**Figure II B 5
Emergency Equipment and Personnel Safety Cabinet Inspection Form**

Inspector Name: R. Troy

Date: 02 NOV 2022

Time: 0700

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
	5	Full-face respirators	✓	
	1	Box of respirator cartridges (OV and AG)	✓	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

Figure II B 5

Emergency Equipment and Personnel Safety Cabinet Inspection Form

Inspector Name:

R. Troy
DMJ

Date: *14 OCT 2022*

Time: *0900*

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
	5	Full-face respirators	✓	
	1	Box of respirator cartridges (OV and AG)	✓	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

Figure II B 5

Emergency Equipment and Personnel Safety Cabinet Inspection Form

Inspector Name: R. Tray *[Signature]*

Date: 09/19/2022
Time: 0700

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
	5	Full-face respirators	✓	
	1	Box of respirator cartridges (OV and AG)	✓	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

Figure II B 5

Emergency Equipment and Personnel Safety Cabinet Inspection Form

Inspector Name: R. Troy

Date: 8/20/2022

Time: 0900

Comments:	Quantity	Description	Yes	No
	2	Empty 55-gallon, 17-H, lined drums	✓	
	2	Salvage drums (lined or poly)	✓	
	4	8-inch diameter, 10-foot long sorbent booms	✓	
	2	Spark-resistant safety shovels	✓	
	2	Crowbars (nonsparking)	✓	
	2	18-inch pipe wrenches (nonsparking)	✓	
	2	Drum plug wrenches (nonsparking)	✓	
	4	Explosion proof flashlights	✓	
	1	Megaphone or Air Horn	✓	
	2	Nylon ropes (each 50 feet long, ½ inch thick)	✓	
	1	Oxygen kit	✓	
	5	Safety glasses	✓	
	10	Safety goggles	✓	
	5	Face shield/hard hat combination	✓	
	2	Emergency eye/face/body wash	✓	
	20	Tyveks (or equivalent) total body coverage	✓	
	4	Duct Tape Rolls	✓	
	10	Rubber boots	✓	
	10	Rubber gloves	✓	
	5	Corrosive-resistant aprons	✓	
	2	Corrosive-resistant suits	✓	
	5	Leather gloves	✓	
	10	Half-face respirators	✓	
	5	Full-face respirators	✓	
	1	Box of respirator cartridges (OV and AG)	✓	

Describe measure taken or planned to restore, repair, decontaminate, or clean equipment for which a check mark has been placed in the "No" column above:

Figure II B 4
 Weekly Inspection Log

Date: 08 SEPT 2013 Inspector: R Trog Time of Inspection: 1:00

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<u>Trash Removed</u>
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>CONTAINERS FORWARDED TO DISPLAY AREA</u>
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A				N/A		

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature 

Figure II B 4
 Weekly Inspection Log

Date: 31 AUG 2023 Inspector: R. TROY Time of Inspection: 0900

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>	N/A			N/A	
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows containment? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No
 Storage Capacity Exceeded (Circle) Yes / No

Signature: 

Figure II B 4
 Weekly Inspection Log

Date: 24 AUG 2023 Inspector: R. Troy Time of Inspection: 1600

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Containers Relabeled to Show Labels</i>
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) **Yes/NO** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows contamination? (Circle) **Yes/NO**
 Drain valve closed? (Circle) **Yes/NO** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/NO**

Signature [Signature]

Figure IIB 4
 Weekly Inspection Log

Date: 18 AUG 2023 Inspector: R. Tray Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Tassu Removed</i>
Obstructed aisle space		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>Container Moved to provide aisle space</i>
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		N/A	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows contamination? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No
 Storage Capacity Exceeded (Circle) Yes / No

Signature: 

Figure II B 4
 Weekly Inspection Log

Date: 11 AUG 2023 Inspector: R. Iron Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A				N/A		

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 03 Aug 2022 Inspector: R. Tray Time of Inspection: 1500

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		N/A	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes No If yes, waste or debris removed? (circle) Yes No
 Standing liquid in parking lot? (Circle) Yes No Standing liquid shows contamination? (Circle) Yes No
 Drain valve closed? (Circle) Yes No Integrity of perimeter fence inspected? (Circle) Yes No
 Storage Capacity Exceeded (Circle) Yes No

Signature: 

Figure II B 4
 Weekly Inspection Log

Date: 27 July 2023 Inspector: R. Troy Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>Moved Containers for aisle space</i>
Materials and/or equipment littering floor	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<i>Removed Trash</i>
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature: 

Figure II B 4
 Weekly Inspection Log

Date: 7/21/2023

Inspector: R. Terry

Time of Inspection: 0630

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		N/A	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows contamination? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No
 Storage Capacity Exceeded? (Circle) Yes / No

Signature _____

Figure II B 4
 Weekly Inspection Log

Date: 7/19/2023 Inspector: R. Long Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>	N/A		

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 7/17/23 Inspector: MATT MAWTE Time of Inspection: 3:30

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>	N/A		

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 29 June 2023 Inspector: R. Troy Time of Inspection: 1100

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<u>Trash removed.</u>
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>	N/A		

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 22 June 2023 Inspector: R. Gray Time of Inspection: 0900

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	
							<i>Demos Permitted For Lab - to Incubator</i>

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows contamination? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No
 Storage Capacity Exceeded (Circle) Yes / No

Signature: 

Figure II B 4
 Weekly Inspection Log

Date: 15 JUNE 2023 Inspector: R. Troy Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		✓		✓		✓	
Waste or debris on floor		✓		✓		✓	
Obstructed aisle space		✓		✓		✓	
Materials and/or equipment littering floor		✓		✓		✓	
Cell capacity exceeded		✓		✓		✓	
Incompatible waste in cell		✓		✓		✓	
Waste not permitted in facility		✓		✓		✓	
Open container		✓		✓		✓	
Container in unstable position		✓		✓		✓	
Leaking/damaged/non-DOT container		✓		✓		✓	
Storage date not on container		✓		✓		✓	
Waste code not on label		✓		✓		✓	
Drum ID # not on drum		✓		✓		✓	
Label not facing aisle side		✓		✓		✓	
Fire Extinguisher missing or inoperable		✓		✓		✓	
Spill control kit missing or not complete		✓		✓		✓	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		✓	N/A	✓		✓	
Emergency and safety cabinet not sealed	N/A				N/A		

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 08 JUN 2023 Inspector: R. Tracy Time of Inspection: 1400

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Waste or debris on floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trash cleaned up
Obstructed aisle space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trash removed
Materials and/or equipment littering floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cell capacity exceeded	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Incompatible waste in cell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Waste not permitted in facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Open container	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Container in unstable position	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Storage date not on container	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Waste code not on label	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Missing DOT Labels replaced
Drum ID # not on drum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Label not facing aisle side	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Spill control kit missing or not complete	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
First aid kit missing or not complete	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Safety shower and eye wash inoperable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded? (Circle) Yes/No

Signature: 

Figure IIB 4
 Weekly Inspection Log

Date: 01 JAN 2023 Inspector: R. Terry Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>DATE LABELS FORWARDS</i>
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded? (Circle) Yes/No

Signature: 

Figure II B 4
 Weekly Inspection Log

Date: 24 MAY 2023 Inspector: R. Tray Time of Inspection: 0900

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows contamination? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No
 Storage Capacity Exceeded (Circle) Yes / No

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 18 May 2023 Inspector: R. Tray Time of Inspection: 1500

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Garbage removed from ITSE
Obstructed aisle space		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Garbage Removed
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		N/A	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 11 MAY 2023 Inspector: R. Tray Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Waste/Trash removed</i>
Obstructed aisle space	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Trash removed.</i>
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Missing DOT label, replaced</i>
Drum ID # not on drum		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Per 160 Drum so label is facing outside</i>
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A			<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows contamination? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No
 Storage Capacity Exceeded (Circle) Yes / No

Signature: 

Figure II B 4
 Weekly Inspection Log

Date: 04 MAY 2023 Inspector: R. Terry Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A				N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		N/A	
Emergency and safety cabinet not sealed		N/A				N/A	

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows contamination? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No
 Storage Capacity Exceeded (Circle) Yes / No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 27 April 2023 Inspector: R. Troy Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Trash Picked Up
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	looked up the test and added date
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Rotated drums to face aisle
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A			<input checked="" type="checkbox"/>	N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>	N/A		

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows contamination? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No
 Storage Capacity Exceeded (Circle) Yes / No

Signature: 

Figure II B 4
Weekly Inspection Log

Date: 20 April 2023 Inspector: R. Truy Time of Inspection: 1030

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Trash Removed
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Drums rotated to expose label
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A			<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 13 APRIL 2023 Inspector: R. Troy Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<u>CONTAINERS IN AISLE SPACE, REMOVED</u>
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		N/A	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature: [Signature]

Figure IIB4
Weekly Inspection Log

Date: 06 April 2023 Inspector: R. Tracy Time of inspection: 0630

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A				N/A		

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded? (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 30 MAR 2023 Inspector: R. Tray Time of Inspection: 1500

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Trash removed in upper warehouse</i>
Obstructed aisle space		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>Moved containers to back 2' between</i>
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Missing label replaced.</i>
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>Revised Drums</i>
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows contamination? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No
 Storage Capacity Exceeded (Circle) Yes / No

Signature: 

Figure II B 4
 Weekly Inspection Log

Date: 23 MARCH 2023 Inspector: R. Irving Time of Inspection: 1400

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		N/A	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature _____

Figure II B 4
 Weekly Inspection Log

Date: 17 MARCH 2023 Inspector: RITROY Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes No If yes, waste or debris removed? (circle) Yes No
 Standing liquid in parking lot? (Circle) Yes No Standing liquid shows containment? (Circle) Yes No
 Drain valve closed? (Circle) Yes No Integrity of perimeter fence inspected? (Circle) Yes No
 Storage Capacity Exceeded (Circle) Yes No

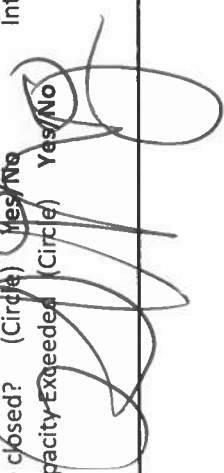
Signature: 

Figure II B 4
 Weekly Inspection Log

Date: 09 MARCH 2023 Inspector: R. Troy Time of Inspection: 1500

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<u>Trash on floor / Cleaned</u>
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Label missing / replaced label</u>
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded? (Circle) Yes/No

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 03 MARCH 2023 Inspector: R. Roy Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Cleaned Trash</u>
Obstructed aisle space		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<u>Aisle too narrow - Moved Drums</u>
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Replaced label</u>
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<u>Rotated Containers</u>
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes No If yes, waste or debris removed? (circle) Yes No
 Standing liquid in parking lot? (Circle) Yes No Standing liquid shows contamination? (Circle) Yes No
 Drain valve closed? (Circle) Yes No Integrity of perimeter fence inspected? (Circle) Yes No
 Storage Capacity Exceeded (Circle) Yes No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 24 Feb 23 Inspector: R. Long Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>	N/A		

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows contamination? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature: 

Figure II B 4
Weekly Inspection Log

Date: 14 FEB 2023 Inspector: R. Tracy Time of Inspection: 1500

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Missing Date
Waste code not on label	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Missing Label
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Re-tagged Drum
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A	N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A	N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No (circle) Yes/No
 Drain valve closed? (Circle) Yes/No (circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No (circle) Yes/No

Integrity of perimeter fence inspected? (Circle) Yes/No
 Standing liquid shows contamination? (Circle) Yes/No
 If yes, waste or debris removed? (circle) Yes/No

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 09 FEB 2023 Inspector: R. Iron Time of Inspection: 1500

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 03 FEB 2023 Inspector: R. Terry Time of Inspection: 1360

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<u>Trash Removed</u>
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Missing DOT Label Replaced</u>
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Drum Rotation to Face Ash</u>
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A			<input checked="" type="checkbox"/>	N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>	N/A		

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature [Signature]

Figure II B 4
Weekly Inspection Log

Date: 26 JAN 2023 Inspector: R. Gray Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		✓		✓		✓	
Waste or debris on floor		✓		✓		✓	
Obstructed aisle space		✓		✓		✓	
Materials and/or equipment littering floor		✓		✓		✓	
Cell capacity exceeded		✓		✓		✓	
Incompatible waste in cell		✓		✓		✓	
Waste not permitted in facility		✓		✓		✓	
Open container		✓		✓		✓	
Container in unstable position		✓		✓		✓	
Leaking/damaged/non-DOT container		✓		✓		✓	
Storage date not on container		✓		✓		✓	
Waste code not on label		✓		✓		✓	
Drum ID # not on drum		✓		✓		✓	
Label not facing aisle side		✓		✓		✓	
Fire Extinguisher missing or inoperable		✓		✓		✓	
Spill control kit missing or not complete		✓		✓		✓	
First aid kit missing or not complete	N/A			✓	N/A		
Safety shower and eye wash inoperable		✓		✓		✓	
Emergency and safety cabinet not sealed	N/A			✓	N/A		

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature [Signature]

Figure II B 4
Weekly Inspection Log

Date: 20 JAN 2023 Inspector: RTroy Time of Inspection: 1500

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Missing Labels, Reprinted or drum
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows containment? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No
 Storage Capacity Exceeded? (Circle) Yes / No

Signature [Signature]

Figure II B 4
Weekly Inspection Log

Date: 13 JAN 2013 Inspector: R Troy Time of Inspection: 1230

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<i>limes trash removed</i>
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Rotarco Drum to display label</i>
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>	N/A		

Waste or debris on ground outside of building: (Circle) Yes No If yes, waste or debris removed? (circle) Yes No
 Standing liquid in parking lot? (Circle) Yes No Standing liquid shows contamination? (Circle) Yes No
 Drain valve closed? (Circle) Yes No Integrity of perimeter fence inspected? (Circle) Yes No
 Storage Capacity Exceeded (Circle) Yes No

Signature 

Figure II B 4
 Weekly Inspection Log

Date: 06 JAN 23 Inspector: R. Troy Time of Inspection: 1500

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>	N/A				
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows contamination? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature: [Signature]

**Figure II B 4
 Weekly Inspection Log**

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

Figure II B 4
Weekly Inspection Log

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** if yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

Figure II B 4
 Weekly Inspection Log

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A				N/A		

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature _____

**Figure II B 4
 Weekly Inspection Log**

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed		N/A				N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

**Figure II B 4
 Weekly Inspection Log**

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A				N/A		
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

**Figure II B 4
 Weekly Inspection Log**

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

**Figure II B 4
 Weekly Inspection Log**

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

Figure II B 4
Weekly Inspection Log

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

**Figure II B 4
 Weekly Inspection Log**

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** if yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

Figure II B 4
Weekly Inspection Log

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed		N/A				N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

Figure II B 4
Weekly Inspection Log

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

Figure II B 4
Weekly Inspection Log

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

**Figure II B 4
 Weekly Inspection Log**

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** if yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

**Figure II B 4
 Weekly Inspection Log**

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed		N/A				N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** If yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

**Figure II B 4
 Weekly Inspection Log**

Date: _____ Inspector: _____ Time of Inspection: _____

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition							
Waste or debris on floor							
Obstructed aisle space							
Materials and/or equipment littering floor							
Cell capacity exceeded							
Incompatible waste in cell							
Waste not permitted in facility							
Open container							
Container in unstable position							
Leaking/damaged/non-DOT container							
Storage date not on container							
Waste code not on label							
Drum ID # not on drum							
Label not facing aisle side							
Fire Extinguisher missing or inoperable							
Spill control kit missing or not complete							
First aid kit missing or not complete	N/A					N/A	
Safety shower and eye wash inoperable			N/A				
Emergency and safety cabinet not sealed	N/A					N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** if yes, waste or debris removed? (circle) **Yes/No**
 Standing liquid in parking lot? (Circle) **Yes/No** Standing liquid shows containment? (Circle) **Yes/No**
 Drain valve closed? (Circle) **Yes/No** Integrity of perimeter fence inspected? (Circle) **Yes/No**
 Storage Capacity Exceeded (Circle) **Yes/No**

Signature _____

Figure II B 4
 Weekly Inspection Log

Date: 30 Dec 2022 Inspector: R. Troy Time of Inspection: 1600

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A		N/A		N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A		N/A		N/A		

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No

Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No

Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No

Storage Capacity Exceeded? (Circle) Yes/No

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 23 Dec 2022

Inspector: R. Treng

Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		N/A		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No
 Storage Capacity Exceeded (Circle) Yes / No
 If yes, waste or debris removed? (circle) Yes / No
 Standing liquid shows containment? (Circle) Yes / No
 Integrity of perimeter fence inspected? (Circle) Yes / No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 16 Dec 2022 Inspector: R. Troy Time of Inspection: 13:00

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>TRASH REMOVED</i>
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>TRASH REMOVED</i>
Materials and/or equipment littering floor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Pallet Replaced</i>
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A		N/A			N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) **Yes/No** Yes No
 Standing liquid in parking lot? (Circle) **Yes/No** Yes No
 Drain valve closed? (Circle) **Yes/No** Yes No
 Storage Capacity Exceeded (Circle) **Yes/No** Yes No

Signature _____

Figure II B 4
 Weekly Inspection Log

Date: 08 DEC 2017 Inspector: R. Tray Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A		N/A		N/A		
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No
 Storage Capacity Exceeded (Circle) Yes / No
 If yes, waste or debris removed? (circle) Yes / No
 Standing liquid shows contamination? (Circle) Yes / No
 Integrity of perimeter fence inspected? (Circle) Yes / No

Signature: 

Figure II B 4
 Weekly Inspection Log

Date: 01 DEC 2022 Inspector: R. Tray Time of Inspection: 0800

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Removed debris and unboxed rows
Materials and/or equipment littering floor	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Trash removed
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 23 Nov 2022 Inspector: R. Troy Time of Inspection: 0800

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded? (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 11/18/2022 Inspector: Samantha Buneta Time of Inspection: 12:48 PM

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	toles + pharma
Materials and/or equipment littering floor	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	toles + pharma
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	getting serviced
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		N/A		N/A	

Waste or debris on ground outside of building: (Circle) **Yes** (No) If yes, waste or debris removed? (circle) **Yes** (No)
 Standing liquid in parking lot? (Circle) **Yes** (No) Standing liquid shows containment? (Circle) **Yes** (No)
 Drain valve closed? (Circle) **Yes** (No) Integrity of perimeter fence inspected? (Circle) **Yes** (No)
 Storage Capacity Exceeded? (Circle) **Yes** (No)

Signature _____

Figure II B 4
 Weekly Inspection Log

Date: 10 NOV 2022 Inspector: R. Troy Time of Inspection: 1500

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 11/4/2022 Inspector: Suzanne Pomato Time of Inspection: 2:30

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Door people taking up space
Cell capacity exceeded		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature _____

Figure II B 4
 Weekly Inspection Log

Date: 27 OCT 2011 Inspector: R. Troy Time of Inspection: 1500

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Trash cleaned up
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Missing DOT Stickers
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Drum rotated.
Label not facing aisle side		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 20 Oct 2022 Inspector: R. Troy Time of Inspection: 1600

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste or debris on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>TRASH REMOVED</u>
Obstructed aisle space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials and/or equipment littering floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cell capacity exceeded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incompatible waste in cell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste not permitted in facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Open container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Container in unstable position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaking/damaged/non-DOT container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage date not on container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste code not on label	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Missing DOT Labels Replaced</u>
Drum ID # not on drum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label not facing aisle side	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ROTATE TRUMPS.</u>
Fire Extinguisher missing or inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spill control kit missing or not complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit missing or not complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety shower and eye wash inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency and safety cabinet not sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 14 OCT 2022

Inspector: R. Tray

Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<u>Loading/Unloading Trusses</u>
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<u>Truss Picked up and rows restored.</u>
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 02 6, 2022 Inspector: R. Troy Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete	N/A			<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed	N/A			<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: SPT 30, 2022 Inspector: R. Troy Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		N/A	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No
 Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows containment? (Circle) Yes / No
 Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No AREA Fenced from Hurricane Ian
 Storage Capacity Exceeded? (Circle) Yes / No UNABLE TO WALK ENTIRE FENCE LINE

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: SEPT 16, 2022 Inspector: R. Irony Time of Inspection: 0700

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded? (Circle) Yes/No

Signature: [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 9/16/22 Inspector: Mike Cutshall Time of Inspection: 1:00

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>moved drum out of the way.</i>
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>fixed</i>
Label not facing aisle side				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows containment? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded (Circle) Yes/No

Signature: Mike Cutshall

Figure II B 4
 Weekly Inspection Log

Date: 08 AUG 2022

Inspector: R. Troy

Time of Inspection: 1300

R. Troy / 1300

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Picked up debris
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Cleaned up materials
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	ROTATED DRUMS
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes / No If yes, waste or debris removed? (circle) Yes / No

Standing liquid in parking lot? (Circle) Yes / No Standing liquid shows containment? (Circle) Yes / No

Drain valve closed? (Circle) Yes / No Integrity of perimeter fence inspected? (Circle) Yes / No

Storage Capacity Exceeded (Circle) Yes / No

Signature [Signature]

Figure II B 4
 Weekly Inspection Log

Date: 02 SEPT 2022 Inspector: R Troy Time of Inspection: 1300

Deficiency Description	S. Warehouse		Loading Dock		N. Warehouse		Describe Problems and Date Corrected
	Yes	No	Yes	No	Yes	No	
Secondary Containment not in good condition		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste or debris on floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Obstructed aisle space		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Materials and/or equipment littering floor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cell capacity exceeded		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incompatible waste in cell		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste not permitted in facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Open container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Container in unstable position		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Leaking/damaged/non-DOT container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Storage date not on container		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Waste code not on label		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Drum ID # not on drum		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Label not facing aisle side		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire Extinguisher missing or inoperable		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spill control kit missing or not complete		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
First aid kit missing or not complete		N/A		<input checked="" type="checkbox"/>		N/A	
Safety shower and eye wash inoperable		<input checked="" type="checkbox"/>		N/A		N/A	
Emergency and safety cabinet not sealed		N/A		<input checked="" type="checkbox"/>		N/A	

Waste or debris on ground outside of building: (Circle) Yes/No If yes, waste or debris removed? (circle) Yes/No
 Standing liquid in parking lot? (Circle) Yes/No Standing liquid shows contamination? (Circle) Yes/No
 Drain valve closed? (Circle) Yes/No Integrity of perimeter fence inspected? (Circle) Yes/No
 Storage Capacity Exceeded? (Circle) Yes/No

Signature _____